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## ABSTRACT

This report is the sixth on future trends in early care and education undertaken by the Massachusetts Early Childhood Advisory Council since its inception in 1985. The report sets out a plan for a system of early care and education and family support in the state, fulfilling a requirement of the enabling legislation of the Community Partnerships for Children program. Section 1 of the report summarizes research in two key areas that contribute to school readiness: child behavior and development, and family support. Section 2 provides data and analysis relevant to the current early care and education and family support system, leading into further discussion of challenges to the system to create an effective and integrated system of support for young children and their families. The final section suggests a series of action steps that support four overall recommendations by the Early Childhood Advisory council. The recommendations are to: (1) make early care and education and family support affordable and universally available; (2) strengthen the early care and education work force; (3) increase the capacity and quality of the early care and education programs and develop local and state infrastructures that will support a system that is family friendly and locally based; and (4) expand family and community partnerships at the local level. The report's six appendices include a glossary of relevant terms, a description of early childhood models being used in other states, a discussion updating the Future Trends Report of 1999, and a list of communities participating in the Community Profiles project. (KB)

# Securing our Future

Planning what we want  
for our youngest children

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Future Trends -  
Volume VI: 2001



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Securing Our Future:  
Planning What We Want for  
Our Youngest Children

**Future Trends Report – Volume VI, 2001**



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David P. Driscoll  
Commissioner of Education

May, 2001

Dear Colleagues:

I am pleased to present the most recent report on future trends in early care and education in Massachusetts *Securing Our Future: Planning What We Want for Our Youngest Children*. This report was written by members of the Department with guidance from the Massachusetts Early Childhood Advisory Council and support of staff from other agencies that administer programs for young children. This is the sixth report on future trends in early care and education undertaken by the Council since its inception in 1985.

As our society changes, many people are concerned that children are being well taken care of as they grow out of infancy. As people become more aware of the importance of the early years in children's development, they also understand that children need support for learning during this time of their lives. This understanding has been translated into more programs and more funding to support families and to support early care and education programs. But many wonder what we are paying for and whether we are making the most out of our investment in children.

This report provides a picture of the current system of early education and care and family support in Massachusetts along with the issues facing the system if all young children are going to enter school ready to learn. There is a particular focus on the staffing of early childhood programs – as educational attainment, staff turnover and staff salaries are particularly powerful indicators of program quality, and program quality is one of the strongest indicators of school readiness.

I invite you to read this report and enter into the discussion of how to ensure that all of our young children enter school as healthy and enthusiastic learners. Should you want additional copies of this report, want to comment or have questions about the report, please contact Early Learning Services at 781-338-6364.

Sincerely

A handwritten signature in black ink, appearing to read "David P. Driscoll".

David P. Driscoll  
Commissioner of Education

## ACKNOWLEDGEMENTS

Early Learning Services would like to thank several agencies and individuals for their contributions to this publication. The Early Childhood Advisory Council to the Department of Education has been particularly helpful in guiding the development of this report. The members of this group are listed on the next page. Thanks to Jim Robertson for his vignette of life as a center director. We also wish to acknowledge several past members of the Early Childhood Advisory Council who also reviewed this report: Leonard Lubinsky, Mary Mindess, and Rosie Alvarez O'Neil.

We want to recognize the work of the Data Collection Advisory Committee in supporting the development of the Community Profiles Project and in providing advice on the development of this report. We also appreciate the generosity of the Office of Child Care Services, the Administration of Children and Families and the Department of Public Health in providing data at our request.

We would also like to acknowledge the work of the many Community Partnerships for Children programs that have participated in the Community Profiles project over the last three years. The many CPC staff and local council members involved in the project have been enthusiastic as well as diligent in their administration of the surveys and other aspects of the project. The participating CPC programs are listed in Appendix D.

This report was developed, in collaboration with the Early Childhood Advisory Council, by Alice Barton, Jason Sachs, Elisabeth Schaefer, and Donna Traynham of Early Learning Services. The report was written by Alice Barton with substantial contributions, data analysis and editing by Elisabeth Schaefer, Jason Sachs and Donna Traynham, and additional assistance of Ellen O'Shaughnessy, Fran Basche and Kathryn Nettleton, of Early Learning Services. We would also like to acknowledge the efforts Terry Hamilton in getting the report printed and distributed. The cover photograph was taken by Sandra Putnam-Franklin of Early Learning Services. We would like to thank the "models" for the cover who work and play at a Cambridge child care center.

### ***To order:***

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## ***EXECUTIVE SUMMARY***

This report summarizes new research emphasizing the importance of early development. It describes the existing early care and education system in the state today. And it provides recommendations based on the research to improve that system. With this report, the Early Childhood Advisory Council seeks to build on the successes of the past and spark action that will continue the leadership of Massachusetts in supporting young children and their families. Massachusetts has a history of leadership in the area of early childhood care and education. The Commonwealth has long had among the highest standards, if not *the* highest, for licensing of child care centers and family child care homes. The Legislature and the Governor have supported the development and funding of many innovative early childhood programs, and thus, the state has had a strong impact on child care and early education nationally.

High quality early care and education for babies and young children is a joint effort of parents, grandparents, extended family, friends, nannies, teachers in early childhood centers, Head Start programs, family child care homes, private or public preschools and kindergartens. The earliest years are fundamental to the future of the individual. If society is the sum of individuals, then ensuring the healthy development of all children through supporting parents, building the quality of early care and education caregivers and programs, and ensuring access to physical and mental health services, secures the future for all.

Supporting children from the start rather than intervening after problems emerge saves labor, time and money. Early education can save money during a children's public school years in special and remedial education; during the teenage years in lower rates of unwed pregnancies and higher levels of high school graduation; and through adulthood in lower rates of unemployment, public assistance and crime (RAND, 1998; Schweinhart, Barnes and Weikart, 1993). The Carolina Abreacadarian Project (2001) found that the cognitive benefits of intervention in early childhood, along with achievements in math and reading, lasted through school to age 21, and that mothers of the children achieved higher educational and employment status as well. Early education is so strongly tied to lower crime rates that it is one of the priorities of Fight Crime: Invest in Kids, a national organization of police chiefs, prosecutors and crime survivors ([www.fightcrime.org](http://www.fightcrime.org), 2001).

Children's experiences in the early childhood years, from birth to six, literally shape the brain and its level of complexity. The time when this shaping – building neural connections and “pruning” of those connections based on experience – is occurring is the best opportunity we have to ensure that children get the right start in life and have the best foundation for success in school. This is not a passive process, but highly dependent on interaction with the primary people in the child's life – parents, siblings and the child's earliest teachers or caregivers.

Society at large benefits from supporting children. For children to become productive citizens, they must be healthy and well-educated (Kamerman, 1996). In countries with supportive family policies, there is a concern for all children and families and a recognition that for children to thrive in today's world requires more than the efforts of each individual family. In most economically-advanced countries, with the exception of English-speaking ones, supporting children and families is considered to be an important role of the government. Family policies, such as parental leave, maternity benefits, and guaranteed child support, that European countries and some other developed nations have put in place in the last thirty years or so have made a discernable difference, resulting in less poverty, less income disparity and in more time that parents spend with children. These policies represent a valuing of the well-being of every child and family.

This report provides the research background to understand why the early years are so important. The topic is examined and explained by looking at young children in the context of their lives within the family and community, generally called the "ecological" approach that was set out by Urie Bronfenbrenner (1979), among others. Although the list could be long, the primary areas discussed here are:

- Brain development
- Attachment
- Family support
- Early care and education programs
- The role of the community

Although Massachusetts has long been a leader in the area of early care and education and family support, the changes in society and our understanding of the early childhood years requires a constant reassessment of current policies and programs and how they affect children and families. Are families getting the support they need to work full time and raise healthy children? Are the available programs and services of the high quality necessary for them to be effective?

According to a fifty-state study of education reform initiatives, the RAND Corporation (2000) found that three factors account for the majority of the improvements in student achievement: 1) lower child-teacher ratios in the early grades; 2) a higher percentage of teachers who are provided, and are satisfied with, the resources they need for teaching; and 3) higher participation in prekindergarten programs.

### **Challenges**

Massachusetts is unique in its ability to look across early care and education programs (across administering agencies) at the whole system. This report provides a summary of this system and lays out what we know now. This information, in turn,

generates more questions that need to be researched and also indicates directions for action. Data were collected through Community Profiles, community needs assessments conducted by Community Partnerships programs (see Appendix D), the excellent data provided by other agencies (the Office for Child Care Services, Department of Public Health and the Administration for Children and Families) and reports from around the nation. In addition, updates of charts from the last Future Trends report (*Setting a Course for Early Education and Care in Massachusetts, 1999*) are provided in Appendix C. Several challenges to the system have been identified:

- the “affordability” of early care and education: the average cost (at the 50<sup>th</sup> percentile) of a full time infant program is \$10,985, \$9,820 for toddlers and \$7,951 for preschool-age children. Sixty percent of parents (Community Profiles, ‘99-’00) reported that cost is a major problem even though 28 percent of the families receive some help in paying for early care and education. Some parents have to settle for a lower quality program or one that is not their ideal choice.

Twenty-two percent of parents could not agree that they “always” felt their child was safe and secure with their caregiver (Community Profiles ‘99-’00).

- Experts in the area of early care and education have proposed ten percent of a family’s income as a maximum that they should have to pay for their children’s early care and education, but many parents are paying much more than that. Even parents earning 100 percent of the state median income (SMI) have to expend 15 percent of their income to pay for a full-time preschool program. The only subsidy available for families earning that much is through the Community Partnerships for Children program. The program contributes only \$13 per week, while the parent earning 100 percent of the SMI pays \$140 or \$7280 per year -- still 12.5 percent of their income.
- The programs that are the most heavily subsidized with public funds (90-100 percent of children on subsidies) have the fewest staff with Bachelor’s degrees (Community Profiles, 99-00). The children who receive subsidies are typically the poorest and at risk. These are the very children who have been shown to make the greatest gains from attending a high quality early care and education program; the group who should have access to the best qualified teachers in order to generate the greatest benefit both to the children themselves and to society, in the form of savings on various educational, social services and criminal justice costs.
- Lead teachers in child care centers and Head Start earn an average of \$12.08 per hour in contrast to \$30.49 per hour earned by public school preschool teachers. Teachers and assistant teachers earn less. Benefits for early care and education in these programs are usually modest, if they are available at

all. Center directors now have a difficult time even getting resumes of qualified candidates.

- The cost of low salaries in the early care and education field is that there is constant turnover in staff and difficulty in finding and retaining qualified staff. Within an average private or Head Start program, there was a turnover rate of 35.1 percent of teachers and lead teachers (Community Profiles FY '99-'00). This situation subjects children to frequent disruptions in one of their most important relationships.

In 1995, 55 percent of the lead teachers in Boston child care centers and Head Start programs had Bachelor's degrees or higher. By 1999, that number had dropped to 29 percent (Boston Equip, 2000)

### **Recommendations**

These challenges strongly indicate a need for policies supporting high quality in early care and education of young children and choices for parents. The Early Childhood Advisory Council recommendations reflect their highest priorities for improving the current system:

1. *Early care and education and family support must become affordable and universally available. This includes physical access and facilities, increasing supply of services for all children and families and increasing parent choice.*

Steps to accomplish this goal include: planning how to strategically expand early care and education programs; expanding the age range of children served; expanding facilities; expanding family support and literacy programs; and exploring mechanisms to support paid parental leave.

2. *Strengthen the early care and education work force by increasing staff compensation, developing mechanisms to retain staff and reduce turn-over, and upgrading staff qualifications.*

Several possible models of salary enhancement and career development are presented as possible avenues to accomplishing this goal.

3. *Identify a coherent and integrated model of financing the system to increase capacity and quality of early care and education programs and develop local infrastructure to support a family-friendly system.*

The true cost of quality early care and education needs to be established because the "market rate" is artificially low and works at cross-purposes for hiring and retaining qualified staff. This task is already being done by the Massachusetts Cost and Quality Study by Wellesley College/Abt Associates. To assist in planning strategies for funding quality services, several possible

models of funding early care and education are presented: a national tax-based model, foundation funding and the higher-education model.

4. *Expand family and community partnerships to create local, comprehensive, early care and education/family support systems that include health and mental health, nutrition, immunization, and family education and literacy programs.*

Planning for young children and families needs to happen in the context of the community. A rationale for locally-based decision-making is presented, and examples of how community-based systems operate are provided by the Community Partnerships for Children and Massachusetts Family Network programs).

Definitions of terms used in this report are provided in Appendix A. Models of various types of programs are provided in Appendix B.

And how do Massachusetts families manage early care and education costs that they find too expensive? A majority (58.8 percent) said that they borrowed money, used up their savings, went into debt, dropped health insurance for themselves and/or their family or simply did not save any money (Community Profiles, 99-00).

### **Conclusion**

The result of implementing these recommendations would be a system that includes all children -- children of all income groups, children with disabilities, children whose first language is not English. In addition, families would have more support for raising their children, regardless of whether the child is being raised full-time in the home or if the child is participating full-time in an early care and education program.

The themes that connect the recommendations include the recognition of the primary role of relationships in the lives of young children as the key to their learning and socialization. Another theme is the importance of local decision-making and control. Support for families and programs for young children is most effectively carried out at the community level where the participants and providers can work together to create programs and services. Other families and community members have the greatest knowledge and ability to connect families with the resources available and to shape programs, such as Community Partnerships for Children, to fit each unique community. The role of the State becomes to work with communities to ensure that local councils and programs are workable, accountable, equitable and aware of best practices.

Investing in the development and early education of young children is building resources for the future. The Early Childhood Advisory Council seeks to direct public attention to the importance of early childhood development and education and



challenges policy makers in government, business and communities to ask themselves how their policies and projects influence the health and well-being of young children. As the public has come to appreciate the value of education, both higher education and through support for education reform, a similar understanding must come to apply to early care and education. In fact, a study of education reform efforts across the country (RAND, 2000) found that participation in high quality early care and education was one of three strategies that were the most consistently effective in implementing education reform, even though that fact is not widely understood by the public.

The report that follows provides a wealth of information and possible directions for action. The underlying impetus for the Council in presenting this report to the Legislature and the public is the certainty that the early childhood years present an opportunity for improving the life chances of all children and families, and thereby, securing a better future for everyone.

## INTRODUCTION

*Early education is at least as important as higher education – a developing mind is a terrible thing to waste.*

*-- Anne Mitchell*

The way that our society cares for young children has changed dramatically in the past few decades. Seventy percent of the children under age five in Massachusetts have working parents. A recent report from the US Census Bureau shows that the United States set a record in 1998 for the number of mothers of infants in the workforce, with 59 percent of mothers of infants going back to work, up from 31 percent in 1976. This change is happening simultaneously with increased understanding of the importance of the early years in children's development and how what happens in early childhood affects children and their future.

The early childhood years are filled with learning from which amazing achievements grow. Young children are interested in many things and learn from everything that they experience. One of the remarkable achievements of early childhood is the acquisition of language. Children learn to engage with the world through language, by talking, learning to use language for thought and self-regulation, and developing a rich vocabulary. They learn language by being talked with, read to, listening to others, even talking to themselves as well as having access to books and other printed materials. Children with a rich language environment may possess a vocabulary of 20,000 words by age five. Children without these advantages learn an average of only 5,000 words by age five (Delaware, 2000). This difference alone can account for a significant gap in cognitive development, creating educational inequities that compound throughout the school years.

Young children learn by observing how the world works, by listening, by watching and imitating peers, older siblings and adults. They learn by playing. Understanding how young children learn may lead many parents and teachers into new ways of interacting with children. Between birth and age six, children learn concepts and skills that prove critical to future learning and success, such as the development of:

- Language and communicative skills
- Self-control and self-regulation
- Independence
- The rules of friendship
- How to love
- How to trust
- Thinking and problem-solving skills

Helping children achieve these developmental tasks in the early childhood years should be the focus of a wide range of policies, whether they relate to family leave, early care and education, public education, regulations or funding, and whether the policies are formulated by government, the religious community or business.



### ***This Report***

This report sets out a plan for a system of early care and education and family support in Massachusetts, fulfilling a requirement of the enabling legislation of the Community Partnerships for Children program. The Early Childhood Advisory Council (ECAC) to the Massachusetts Board of Education is charged by legislation (M.G.L., Chapter 15, Section 54) to report biannually on the early care and education system in Massachusetts. Specifically, the legislation calls for the ECAC to "conduct a comprehensive study of future trends in early education and care, including the provision of services for children from birth to age three, and ... examine all early education and care services provided by the state to evaluate which populations have the greatest need for services, to what degree those populations are served by the program created by this section [Community Partnerships for Children] as well as by other existing services and ... develop strategies for serving all unserved segments of the population."

The first section summarizes the research in two key areas that contribute to school readiness: child behavior and development and family support. Beyond just ensuring that children are ready to enter school, supporting healthy families and developing comprehensive, high-quality early care and education set the stage for a new generation to assimilate our culture so that they may re-create a successful society when the future becomes their present.

The second section provides data and analysis relevant to the current early care and education and family support system, leading into further discussion of challenges to the system that need to be addressed in order to create an effective and integrated system of support for young children and their families.

In the final section, a series of action steps are suggested that support the overall recommendations by the Early Childhood Advisory Council. Possible models for implementation from other states are provided in Appendix B.

This report builds on Future Trends, Volume V: *Setting a Course for Early Education and Care in Massachusetts: Using Data to Guide Policy Development* (1999). Updated information comes from new research, national initiatives, interagency data and the Community Profiles Project. Updated charts and tables published in that report are presented in Appendix C.

### ***Recommendations***

The Council believes that public investment in comprehensive early childhood programs and family support is of equal importance to public investment in higher education. It is with this in mind that the recommendations are made. The result of implementing these recommendations would be a system that includes all children -- children of all income groups, children with disabilities, children whose first language is not English. In addition, families would have more support for raising their children, regardless of whether the child is being raised full time in the home or if the child is participating full-time in an early care and education program.

The themes that connect the recommendations include the recognition of the importance of relationships in the lives of young children, which are the keys to their learning and socialization. Another theme is the importance of local decision-making and control. Support for families and programs for young children is most effectively

carried out at the community level where the participants and providers can work together to create programs and services. Other families and community members have the greatest knowledge and ability to connect families with the resources available and to shape programs such as Community Partnerships for Children to fit each unique community. The role of the state then becomes to work with communities to ensure that local councils and programs are workable, accountable, equitable and aware of best practices.

Investing in the development and early education of young children is building resources for the future. The Early Childhood Advisory Council seeks to direct public attention to the importance of early childhood development and education and challenges policy makers in government, business and communities to ask themselves how their policies and projects influence the health and well-being of young children. The underlying impetus for these actions of the Council is their certainty that the early childhood years present an opportunity to improve the life chances of all children and families, and by extension, to secure a better future for everyone.

## CREATING A SYSTEM THAT SUPPORTS CHILDREN AND FAMILIES

### SUPPORTING CHILDREN'S DEVELOPMENT

*We seem to have forgotten, or never learned, what young children really are, and how special their minds are. Most of us tend to think of early childhood as a primitive stage of life, a sort of deficiency in the mind that will, with time, be outgrown. What we keep overlooking is the sheer tremendous power, unique in the brain of a young child, never to be matched again later in life, for learning.*

*Dr. Lewis Thomas, The Fragile Species, 1992*

The early years of a child's life are the foundation for later school success. Supporting the growth and development of young children cannot be the responsibility of families alone, but depends on collaboration of many who make up the "ecology" of a child's life (Bronfenbrenner, 1973). Raising healthy children who are ready for school relies on a complex set of factors that include individual and family characteristics, interpersonal relationships, physical and mental health, cultural and community environment as well as characteristics of early childhood programs and schools.

The "ecological approach" suggests that the child is embedded in the life of the family, the first sphere of influence. The family is embedded in the life of the community (actually several "communities" – both place of residence and multiple communities of people at work, extended family, religious affiliation, etc.). The child, therefore can be influenced by the community indirectly through the family. The community itself is embedded in the various other larger systems, such as economic region, state and country. Changes at any level can reverberate at the next higher and lower levels. All of these structures are interdependent. To have an impact on children or on families, a program or policy must be channeled through to the appropriate "level" and be consistent with the human ecology of the community. In short, this provides one rationale for trying to place interventions at the local level.

#### **School readiness**

*Most kindergarten teachers can predict within the first few days whether a child will succeed or fail in school. A child who comes to school ready to listen to adults, interact positively with peers, take turns, and be sensitive to the feelings of others is likely to become a successful student. These are social skills that develop during infancy and the preschool years as a result of the child's early relationships.*

*Dr. Peter Gorski, Harvard Medical School*

For a typical child to be "ready" for the demands of kindergarten or first grade, parents and teachers need to consider growth in several areas. Characteristics to consider would be a child's social and emotional growth, physical well-being and motor development; approaches to learning (enthusiasm, curiosity and persistence, temperament and cultural patterns); language development (listening, speaking and vocabulary); emerging literacy (print awareness, story sense and writing process); and general knowledge (Child Trends, 2000).

In the broadest sense, ensuring readiness reaches beyond child development and school characteristics, encompassing the realm of child and family physical and mental health. Health factors have a particularly powerful effect on children's development and their behavior in the early years of life (National Research Council and Institute of Medicine, 2000). Low birth weight, lack of immunization, poor nutrition, unintended injuries and early emotional and behavioral problems due to maternal depression, child abuse, domestic violence and other problems are all threats to the development that supports school readiness. To create an environment in which all children enter school ready to learn, policy makers and the public at large need to understand:

- what children need for healthy development from birth (or even before birth) through early childhood;
- what families need to support their children's development; and
- what the role of the early childhood care and education system is in supporting children and families.

### ***Brain Development***

A growing body of research documents the fast-paced development and malleability of the brain in the earliest years of life. The unique features of brain development in young children have captured the attention and imagination of the country (Newsweek, Spring/Summer, 1997 and Fall/Winter, 2000; Carnegie Corporation, 1994; American Academy of Pediatrics, 1999). The first special issue of *Newsweek* that focused on children birth to three was the most widely distributed issue ever. It was featured at a White House conference, requested and praised by legislators and a wide range of organizations as well as being published in Japanese, Russian, Korean and Chinese (Newsweek, 2000). A study by DYG, Inc. (2000) found that 71 percent of all adults understand that brain development can be affected from the prenatal stage throughout the early childhood years. Understanding how the characteristics of the young brain contribute to optimal development has also deepened.

Babies are born in a state of physical vulnerability and sensitivity to the caregiving environment. Their brains continue to grow and develop, and their neurobiological organization develops during the first year or so after birth (Gorski, in press). Despite their vulnerability, babies are born prepared to communicate and engage with the people in their world to get what they need to survive and thrive (Hrdy, 1999). The rate of brain growth is most rapid during the first year of life, but continues to develop and be highly responsive to the child's environment for several more years. The sophisticated learning patterns and capacities of human infants require dynamic interaction with the environment to fully develop. The growth and shaping of synapses in an infant's brain requires appropriate stimuli and opportunities to practice what is learned. Responsive caregivers are essential to facilitating this process for optimal learning to occur (Hrdy, 1999).

The development of the baby's brain is inextricably connected to the baby's relationship with the mother, father and/or other important caregivers. In the first two years of brain growth after birth, organization of the right hemisphere of the brain, the "control center" for regulation of emotions, asserts a predominant role in brain development. This timing coincides with and depends on the development of attachment relationships, meaning that the earliest emotional attachments and experiences are primary stimuli for early brain growth (Gorski, in press). It is during this time that the brain's systems are the least differentiated and so, most sensitive. As a result, the child's earliest relationships with caregivers, be they parents or professionals, have a disproportionate influence on the formation of a child's behavior and learning style (Gorski, in press).

When children are born, their brains are still in the process of growth, which continues through the first year and beyond (to a lesser extent, until death). Children's experiences in the early childhood years, from birth to six, literally shape the brain and its level of complexity. The process of shaping – building neural connections and "pruning" of those connections based on experience – is the best opportunity we have for ensuring that children get the right start in life and have the best foundation for being successful in school. This is not a passive procedure, but depends heavily on the primary relationships in the child's life.

#### **Attachment**

*Whether it is around an ancient campfire or in a modern American mansion, a baby's job is to get and keep the attention of older humans in order to stay alive. In a baby's mind, lions and tigers (and bears) still stalk the hallways.*

*-- Alice Barton (inspired by Small, 1998)*

Children develop in the context of relationships with a small number of important people in his/her life. The family has the most powerful influence on children's development. With so many parents returning to full-time work within the first few years of life, relationships with primary caregivers outside the family become increasingly important for children. Since so many children attend an early care and education program some time in the first five years of life, the quality of those caregivers/teachers and the programs that children attend is vitally important.

Although "love" may not be a prerequisite for school success, the successes and failures of attachment have a vital influence on a child's "readiness to learn." Infants and toddlers who were securely attached to their mothers tend to be more socially secure in preschool and are more responsive to teachers in preschool and at the time of school entrance (Hrdy, 1999). (Fathers are also important, but their evolutionary role has been much more diverse and fluid and so varies more with culture.)

Despite the public discussion that tends to focus on the role of cognitive or intellectual development in school success, much of what people think of as



“readiness” is more related to a child’s social and emotional development. In fact, social and emotional skills account for a larger portion of school and later life success than IQ (Goleman, 1995). Therefore, supporting children’s social and emotional health, while increasing what they know, should be an integral part of preparing children for school. At the base of healthy emotional and social development is a safe and secure environment, which children need in order to explore their world freely. This sense of security depends on the health and depth of ongoing relationships.

Attachment to primary caregivers in the earliest years of a child’s life affects the school years in a number of ways. Initial relationships influence children’s ability to form new relationships with teachers and peers, and the ability to cooperate and communicate well. Early relationships have a great impact on the emergence of self-control and curiosity. Longitudinal research suggests that the lack of secure relationships in early childhood can lead to difficulties in establishing and maintaining secure relationships for the rest of life (Karen, 1998). Weak attachment to early caregivers may contribute to disorganized patterns of behavior, inattention, poor performance in school, substance abuse, criminal activity and the passing of weakly-attached relationships to the next generation (Karen, 1998). Young children who do not have strongly-attached relationships frequently react with rage, withdrawal, bullying, avoidance of relationships with caregivers and peers, isolation, belligerence, sadness or aggression. Such behaviors are red flags that young children are suffering from what may or may not be happening in the family. The primary relationships and other social systems that protected children in the past may not be providing sufficient support for children and families today.

## **SUPPORTING FAMILIES IN A CHANGING SOCIETY**

*A family is a culture unto itself, with different values and unique ways of realizing its dream; together, our families become the source of our rich cultural heritage and spiritual diversity. ... Our families create neighborhoods, communities, states and nations.*

*--Task Force on Young Children & Families, New Mexico Legislature*

During the past ten to fifteen years, greater information about early brain development has intersected with increased knowledge about how families affect children’s development during the early years, which has lead to increasing focus on parenting education and family support as well as early childhood education. The common element among a variety of family support programs is the effort to help parents be more effective as nurturers. A parent’s influence as a child’s first teacher extends well beyond cognitive growth, and into the domains of emotional development, social competence and a variety of areas that can help build resilience (American Academy of Pediatrics, 2000).

The family environment has proven to be the most powerful environmental influence on children’s development and readiness for school (National Research Council et al,

2000). Five environmental factors that can have a large influence on children's development and later success in school and adult life include:

- Parents' knowledge of child behavior and development
- The parents' support system
- Literacy and level of parental education
- The impact of poverty on child rearing
- The role of community in child rearing

Parents are increasingly busy, mobile and isolated. They are responsible for the financial and emotional costs of rearing the young even though they often feel unprepared for the huge task of child rearing. Family support, in the form of home visits, education in child development and behavior, support groups, play groups and access to higher education for themselves, are all ways to help reach parents and provide assistance in learning the important job of successful parenting. New parents, particularly if they are poor, are vulnerable to depression, which often has negative effects on children's development. Family support and early childhood programs can ameliorate the effects of mental health problems, both for the child and for the parent.

#### *Parent's knowledge of child behavior and development*

Parents' knowledge of child behavior and development is important to establishing appropriate expectations and building strong relationships with children. The family support field takes a developmental perspective on parenting (Dunst, 1995) that emphasizes "the importance of the parent's role as nurturer, and the capacity for parental growth and development" (Weissbourd and Kagan, 1989, p. 22). Parents learning about child behavior and development can help them negotiate life with their child. For example, when parents understand child development they are able to recognize when their child's "bad" behavior is age-appropriate and not an intentional effort to drive them crazy, and they can take more appropriate action than might have been their instinctive reaction (redirection vs. spanking, for instance).

Likewise, parents need to learn about the effects of temperament on children's behavior. Temperament is a component of personality and a relatively stable characteristic throughout life. A child's seemingly stubborn, resistant behavior may be characteristic of the child's temperament and therefore, be virtually uncontrollable by a baby or young child. However, a parent may easily interpret it as spiteful or as personal dislike of the parent. This type of misunderstanding about temperament can easily lead a stressed parent to punishment or other inappropriate reactions, which can escalate over time. This is why knowledge of both child development and temperament are important to effective parenting.

Higher education and providing in-depth information on child development in other contexts can be successful in improving parent-child relationships and helping parents succeed in child rearing. DYG, Inc. (2000) reports that a four-year college education is the single most important factor that differentiates parents knowledgeable about child development and those who are not (although the mechanism for this is unclear in that only a portion of college graduates ever take a class on child development). Although mothering or parenting is often assumed to be "natural" or instinctive, it is not. With greater mobility, isolation from extended family

and smaller families, more formal learning about child development and child rearing has become an important path on the road to successful parenting. In turn, successful parenting tends to lead to successful school experiences for children.

### ***The parents' support system***

Until very recently, family and economic life was arranged so that growing babies and young children had one or a few familiar caregivers continually present in their lives. Family and economic life has changed, yet our society has not developed a way of dealing with these new realities and their impact on our youngest children. Of particular concern to the healthy development of young children is the potential for new mothers to become isolated at a time when they most need support, leading to depression, the most common of mental health problems. One in ten women with young children experiences depression and this figure is higher among women living in poverty (National Research Council et al, 2000).

Babies of depressed mothers are less responsive, perhaps reflecting the lack of responsiveness of their mothers and have more difficulty in developing trusting and securely-attached relationships (Karen, 1994). Fathers also become depressed, but depression frequently has somewhat different visible symptoms in men and there has been less research about the possible effects on children. In general, depressed parents tend to miss or misinterpret behavioral cues of their young children and have a restricted range of emotional expression, resulting in their infants receiving misleading cues and less emotional stimulation and interaction at the very time when their brains are being shaped by social experiences (Gorski, in press). Parental depression can produce serious behavioral problems in children, such as aggression and problems interacting with peers, and may have life-long consequences, including increased risk of depression or mental illness in the child (National Research Council et al, 2000).

### ***Literacy and level of parents' education***

One of the most reliable risk indicators of school failure is a low level of parental education, particularly the mothers' education. High school dropouts are less likely to be employed, earn less money over the course of their lifetime, are more likely to commit crimes, and more likely to pass low achievement on to their children (Parent-Child Home Program, 2000).

Reading builds a foundation for much of children's educational experiences and its emergence is intimately related to what happens in the home. Early literacy does not mean teaching children to read in infancy nor in preschool, but includes a wide variety of activities that involve children in listening to and telling stories, raising their awareness of print and promoting language play. The DYG, Inc. study (2000), found that 95 percent of all adults understood that reading to a child is critical to promoting intellectual development and 92 percent understood that simply talking with a child was very important. Many family support and family literacy programs are using this knowledge to promote books and reading in the home as a means to improve children's chances of school success.

### ***Implications of poverty on child rearing***

Poverty in the earliest years of life can have particularly negative effects that may last a lifetime. While the economy as a whole has been thriving, the poverty level among



young children has been rising over the last twenty years and the incomes of their parents have risen more slowly than upper income groups. The percentage of children living in poverty even increased between 1990 and 1997. Currently, 15 percent of children in Massachusetts and 21 percent of children nationally live in poverty (Annie E. Casey Foundation, 2000).

Poverty, due to the stress and deprivation associated with it, is one of the most powerful threats facing families with young children in an affluent society. In a study of children of the Depression, the age of the child was a key factor in how poverty affected the child. The Depression experience actually had some positive effects on teenagers. However, children who were six or under suffered life-long negative effects from the experience (Bronfenbrenner, 1979). Nationally, half of the children living below the poverty line live in stressful family situations (frequent moves, health, crowding and financial problems, single parents or parents with low education levels) in contrast to five percent of children living in middle income families (Urban Institute, 2000).

Poverty in itself does not necessarily disturb loving family relationships. However, the stress, isolation and lack of support that tend to result from poverty in our society can interfere with the care of young children in a number of ways. Paternal unemployment has been associated with unstable, unproductive lives among their sons (Karen, 1994). The stress associated with poverty may lead to depression or child abuse. When the minimum wage is still insufficient to lift families out of poverty, the amount of time, effort and energy required to work two or more jobs often steals needed time from positive parent-children interactions. In addition to efforts that bring parents to more remunerative jobs, teachers with early childhood training and experience and family support activities can both help ameliorate some of the effects of poverty. A sad irony for early care and education teachers, however, is that many of them must rear their own children in poverty because of the low salaries that are paid in most early care and education programs.

#### ***The role of the community in child rearing***

Children learn and develop within the context of the family and the family thrives within the context of the community. Effective programs that have been successful in preventing a multitude of future problems and that prepare children to enter school also operate within the context of the community, with connections to the larger systems of public schools, higher education and local, state and federal governments. They are designed to be flexible and respond to individual needs of families at the local level. The larger systems – higher education, state and federal funders – are most successful in making an impact when they effect change that is tailored to fit the “ecology” of individual communities and the families who live there.

## FAMILY SUPPORT PROGRAMS IN MASSACHUSETTS

*The old approach to big government picking up the pieces of broken families is giving way to a new idea of strengthening families before they break apart ... The family support movement is proving that we can save families and money at the same time. We can no longer afford to neglect families at risk. And investing in families is an investment in the future.*

*-- Walter Cronkite, "Our Families, Our Future," PBS*

Given the importance of supporting families with young children, Massachusetts supports many programs targeting various types of families. Some examples are:

- Early Intervention (EI) serves children birth to age three with disabilities, or at risk of developing disabilities and must serve all eligible children (currently 20,554 children)
- Healthy Families provides home visits for first-time parents under age twenty-one.
- First Steps provides long-term home visiting, with a focus on parenting education, to parents with a variety of risk factors, but is only available in fourteen communities.
- FIRSTLink screens all babies at birth for risk factors and provides one to two home visits with parents of newborns to link them to other services.
- Head Start and Early Head Start provides family support and family literacy services, but once again, only for income-eligible families and only in communities offering those programs.
- There are eight federally-funded Even Start programs providing comprehensive family and literacy support to 250 families.
- The Massachusetts Family Network (MFN) is open to all families with children birth to four in participating communities. The 41 programs serving 162 communities will serve roughly 20,000 families in FY '01.
- The Parent-Child Home Program (PCHP) targets families who are low-income and educationally at-risk. The program currently serves 820 families in 42 communities.
- The Massachusetts Family Centers (MFC) provide a variety of family support services, available to all families with children birth through five in participating communities. The six programs serve 32 communities in collaboration with Massachusetts Family Network programs.
- Individual communities, either as part of a family support grant or on their own initiative, use Parents As Teachers, HIPPO or other national models of family literacy and support.

When participation is voluntary, parents have embraced family support programs, which provide a variety of activities and options. For instance, "Welcome Baby" baskets provided through birth hospitals or by a home visitor serve to link new parents to resources and activities in the community. The Quincy Family Network asked senior citizens with sewing and knitting skills to make baby blankets for their

new baby baskets. The project has linked generations and the blankets have been a winning touch for new parents. A year after the baskets are distributed the Quincy Family Network throws a party for all of the families and senior citizens. At this social event, the families are introduced to the senior who made their blanket and cross-generation connections are formed by many.

When asked about services they would like, parents in the Community Profiles sample of 7,000 parents were particularly interested in parent-child events and playgroups. Eighty percent of parents with children birth through school-age were interested in both of these activities. Parents of infants and toddlers (68 percent) were particularly interested in playgroups. Parent education workshops were of somewhat greater interest for families of preschoolers and school-age children, with 45 percent wanting parent education workshops.

Although research on the benefits of home visiting and family support programs alone is mixed, in combination with high quality early care and education, they have proved effective (National Research Council et al, 2000). It is nearly impossible to estimate the number of families that are "unserved" because of the diverse programs available, most of which exist in only some communities, serving different target populations. This is a problem not confined to Massachusetts. An organization called Family Support America is undertaking a mapping project across the country in an attempt to establish the availability or lack of availability of family support programs.

#### *Preventing duplication of services*

Several family support and home visiting programs operate concurrently in Massachusetts, each with a different focus and target population. The Massachusetts Family Network is the broadest, including home visiting, family education, family literacy and referrals as well as coordinating with already-existing programs within a community so there is no duplication of services.

The Massachusetts Family Network and Parent-Child Home Program staff are urged to work closely with public and community preschool programs to ensure that parents have access to high quality early care and education programs. In addition, programs are expected to work with public schools to follow students' academic progress. All Parent-Child Home Programs receiving state funds are required to form a Home Visiting Committee which includes representatives from other home-based family support programs, including Early Intervention, Early Head Start, Healthy Families, First Steps, Massachusetts Family Network and any others in the community. The committee is a strategy to ensure collaboration, improve services and avoid duplication of services among programs serving families within the same community.

See Appendix B, Part 4 for more information on Parents As Teachers, HIPPY and the Massachusetts Trial Court Child Care Project, and Appendix E for further information on the Massachusetts Family Network, the Parent-Child Home Program.

## EARLY CARE AND EDUCATION

*When I tell people I am a toddler teacher I am often asked, "What do you teach them?" In my mind it is so clear how to "teach" toddlers! This typical question has forced me to rethink how I explain to people outside of the early childhood field what I do. I began to think about the word teacher, and wondered if that was the appropriate word for me. I decided that it was not, and that I needed to come up with a word that would be a more accurate description of what good toddler "teachers" do.*

*When asked what I do, I think I will tell people that I am a guide. I am guiding toddlers through their day, helping them to see things from a different angle. I help them with their language, and translate to those who don't understand that "guck" is stuck and "oosy" is rosey. I am helping them to deal with and accept the difficult things in life – sharing, loneliness, desires, and fears. I guide them away or through dangers and, when the inevitable happens and they fall, I show them how to open band-aid wrappers.*

*I am the cheerleader who praises her when she puts her sock on by herself, or when he pees on the potty. I encourage her to climb, and guide her down safely. I show children how to use the tools we all take for granted – zippers, buttons, and pump soap dispensers. The tree in the play yard, the ant on the ground, or the plane in the sky, are all interesting and new; we investigate and discuss them too.*

*I take the time to let her try, to let him splash, to let them all explore and experiment. I wear many hats through out the day. I make sure the children are safe, have fun, and are given the opportunity to see new things and to master old favorites. I am the tour guide, guiding my toddlers through a critical period of life.*

*-- Letter to the Editor of Young Children Magazine (May, 1996) by Tina Carey, a teacher at Beginning Years in Medfield, Massachusetts.*

Most children will participate in some kind of early childhood program before they reach school age. These programs play an important role in the child's development. Whether the experience supports children's development or not depends on the quality of the teachers and the programs. At this time, parents pay the majority of the cost of early care and education even though the cost can be equivalent or even more expensive than college. Perhaps the most intractable problem is that the system is primarily dependent on parents who, for the most part, cannot afford to pay the true cost of the service. As a result, early care and education is one of the lowest paid professions, even though the general education and skill level of teachers is higher than for many other low paying jobs. In a strong economy, it has become

extremely difficult to attract and retain qualified staff. At the same time, the education level of the staff is a key quality indicator that has very real effects on the children in their care.

Numerous studies have shown that early childhood interventions designed to help low-income children succeed in school are effective. The RAND Corporation (1998) in the publication, *Investing in Our Children*, analyzed several early childhood longitudinal studies to evaluate the cost benefits of early childhood interventions. They found that children who had attended high quality early childhood programs:

- scored better on short- and long-term achievement tests in school
- had less need for special education services
- were less frequently retained to repeat a grade
- had higher rates of high school graduation
- had lower rates of crime and delinquency
- earned higher incomes after graduation from high school

Preschool (the two years prior to kindergarten entrance) has grown in popularity among parents who are invested in their children's academic success – about 80 percent of upper-middle and higher-income parents send their children to a preschool program, some of which are nearly as difficult to get into as exclusive colleges.

Teacher quality and stability are major determinants of program quality. For the majority of young children who now spend part of their days in some kind of early education and care program, their teacher plays a significant role in their development. The relationships between caregiver teachers and young children are important and can play a strong supporting role to the parent. To successfully play this key role, the relationship needs to be ongoing, the teacher needs to be trained in early childhood education and the environment needs to be of high quality.

A recent study by Vandell and Wolfe (2000) found a 50 percent improvement in children's school readiness as a result of children attending high quality programs with well-trained teachers. Their data documented a decline in the training and education levels of child care teachers over the last decade as well as stagnation of wages. Data from Massachusetts illustrate that this pattern is occurring here too. In 1995, 55 percent of the lead teachers in Boston child care centers and Head Start programs had Bachelor's degrees or higher. By 1999, that number had dropped to 29 percent (Boston Equip, 2000).

### ***"Ready" Schools***

At the same time that we address the need for more and better early care and education, schools must be held accountable for being ready for children. "Readiness" in this sense includes ensuring that classrooms are set up to support the way young children learn best, including those children who are not sufficiently prepared intellectually or socially. According to the National Goals Panel (1998), ten characteristics were outlined, three of which were directly relevant to early childhood (Pianta, Rimm-Kaufman and Cox, 1999, p.5):

- Ready schools smooth the transition between home and school;



- Ready schools strive for continuity between early care and education programs and elementary schools; and
- Ready schools serve children in their communities.

All children need support during the transition into school regardless of how well they appear to be handling the adjustment.

Classrooms (preschool through primary grades) in “ready schools,” as summarized by Lillian Katz (1991), need a developmentally appropriate curriculum and classroom environment, informal atmosphere and activities, horizontal relevance (activities meaningful to the child’s present life), an interactive learning process and opportunity to apply skills being taught. To create such an environment, experienced staff with appropriate qualifications and low staff to child ratios are essential to implementing “ready” classrooms. Other essential qualities include understanding, communication and supportive involvement with the families of children participating in the program.

### ***Full-day kindergarten***

Kindergarten is a “critical period” for both schools and families. Kindergartens are key in engaging parents in their children’s school and engaging children in learning activities. With the growth in the number of two-parent working families and single parents who work full time and the importance attributed to early childhood experiences, there has been a growth in the number of full-day kindergartens. Although the “full-day” is a school day and does not entirely solve child care needs of parents, it is a vital step in starting children on a successful path in school. Full-day kindergartens need to coordinate with private and public after-school programs to meet the needs of working families.

With increased focus and funding for full-day kindergarten, development and maintenance of high quality programs is essential if it is to continue the benefits of preschool programs. Similar indicators of quality apply – appropriate class size, staff/child ratios, inclusion of children with disabilities and integrated curriculum that stimulates children’s interest and initiative.

### ***Early care and education facilities***

Facility development is directly tied to increasing the capacity and supply of early care and education programs. Supply is more likely to be inadequate in low-income communities than in affluent ones. In addition, the quality of the facility has a direct impact on program quality. A study in Connecticut found that relocating their program from a church basement to a newly renovated facility designed for early care and education resulted in higher staff morale, lower turnover, more child-initiated activities, and much more time spent in adult-child interaction, all of which are program quality indicators.

For programs to expand their facilities to increase services to children, they must launch fund drives and/or take out high-interest loans. Paying back these loans can hinder a center’s ability to increase quality in other areas, such as providing benefits to staff and quality equipment to support children’s learning. A well-designed facility has a positive impact on children’s experience of the curriculum and supports staff in delivering high quality early care and education.

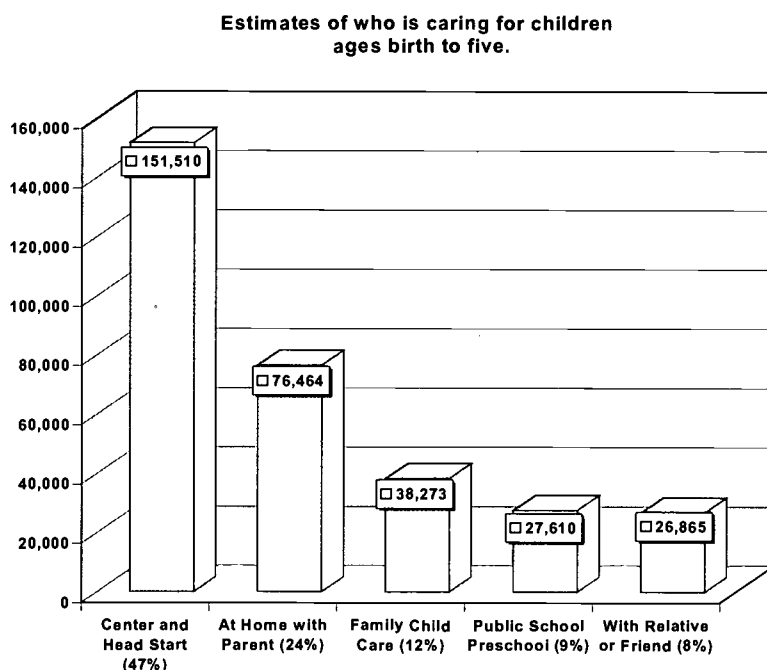
## EARLY CARE AND EDUCATION IN MASSACHUSETTS

There are approximately 320,000 children birth to age five (0 through 4.11 years) in Massachusetts. An estimated 217,000 or 68 percent of the children participate in an early childhood program. The remaining 32 percent are either at home with a parent or with a relative or friend of the family. Chart A and B outline who is caring for young children. They are based on several sources of data: Office for Child Care Services, Community Profiles (surveys of over 1,000 providers and 7,000 parents) and birth records from the Department of Public Health. More information on Community Profiles is available in Appendix D.

### *Who is caring for young children in Massachusetts?*

Proportionately more infants and toddlers are at home with parents and relatives while more preschool-age children are in center-based programs. Although public schools serve some infants, the number is negligible and so does not show up as a percentage.

**Chart A:**

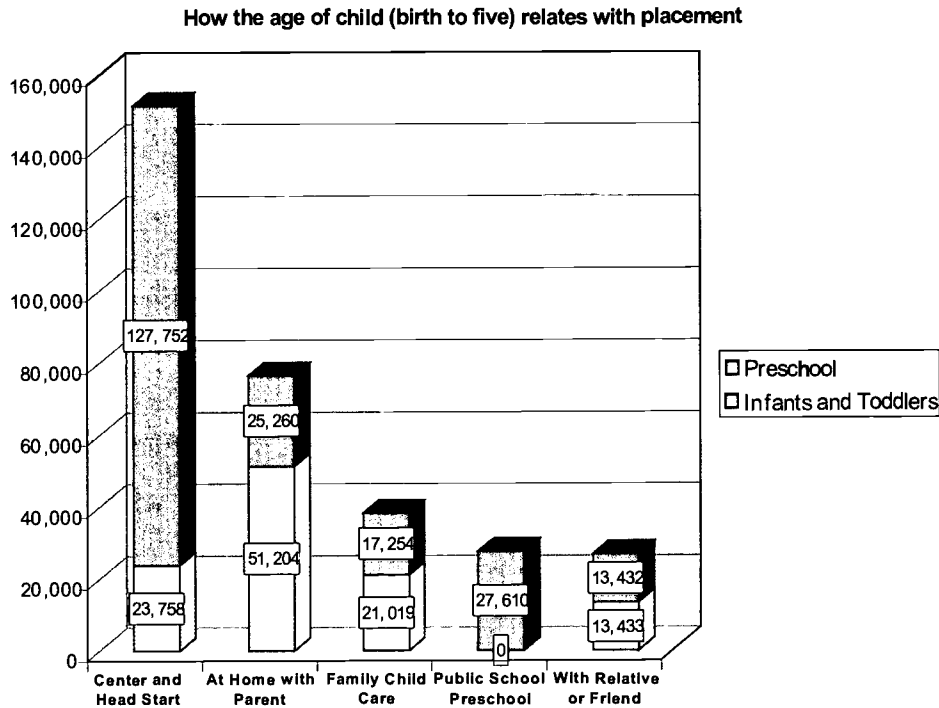


**Note on Chart A:** Preschool programs serve children from 2.9 years to the age of kindergarten entry, which can be as late as 5.11 years, so the number of children involved in programs is somewhat higher than the number of children birth to five.

### *Who is caring for children of different age groups?*

The majority of children in early education and care settings are in center-based and Head Start programs. While there are more family child care providers (10,653 active providers compared to 2,327 centers and Head Starts), their numbers are explained by the fact that they serve far fewer children (average of six) versus the average enrollment of 82 children in the average center or Head Start.

**Chart B**



Source: Community Profiles; DPH birth records

***How many hours are children in early childhood programs?***

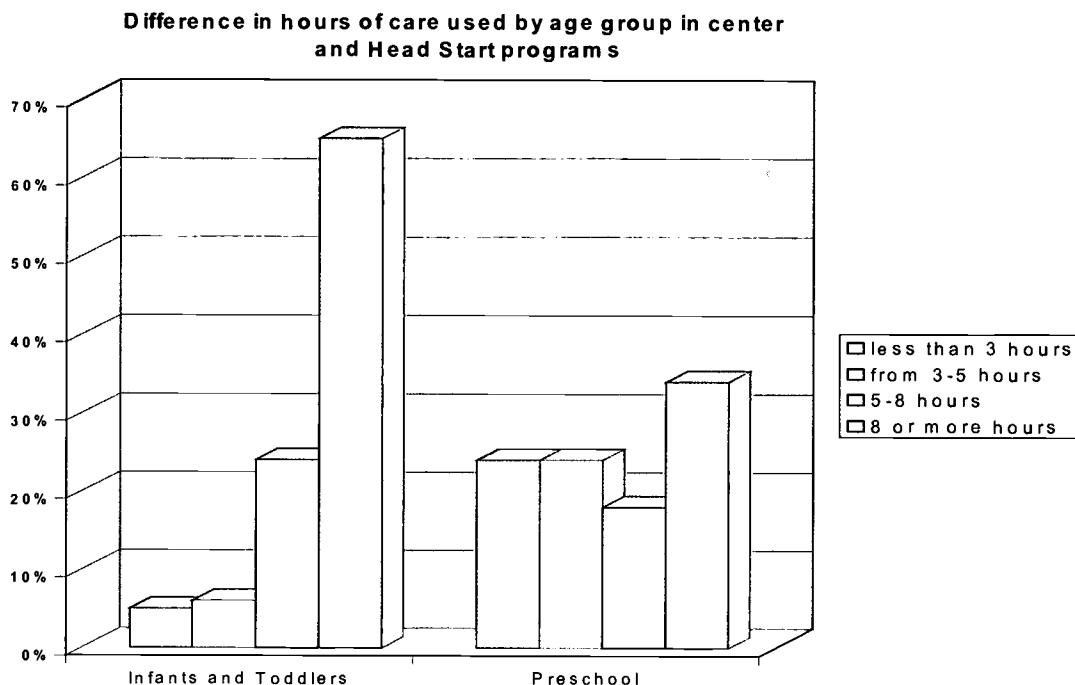
The number of hours children are in care varies, with a larger percentage of infants and toddlers spending longer days in care than the percentage of preschool-age children. Although there are more preschool children in care than infants and toddlers, 65 percent of infants and toddlers in care spend eight hours or more per day in care, while only 34 percent of preschoolers spend over eight hours in center-based care (Community Profiles, 2000). This is a potentially troublesome trend given that the national Cost, Quality and Outcomes Study (1995) indicated that infant and toddler programs are the most likely to be of poor quality,<sup>1</sup> putting babies' development at risk. The only group for which early care and education has been found to be potentially disruptive to attachment is among young infants who are in care over eight hours per day (National Research Council et al, 2000).

This high percentage of long hours may reflect the fact that infant/toddler programs meet the requirements primarily of the parents who must have outside care so they can survive economically. Studies show that single mothers work longer hours than married mothers and are more reliant on outside caregivers (Gromley, Jr., 1995). Parents of infants may end up working longer hours in order to pay the high cost of infant care.

<sup>1</sup> The Cost/Quality study was not conducted in Massachusetts where licensing standards are higher than in the states studied. Despite the fact that Massachusetts programs are most likely of higher average quality, there is no research that would suggest that the general trends identified in the Cost/Quality are invalid.



**Chart C**



Source: Community Profiles, 2000

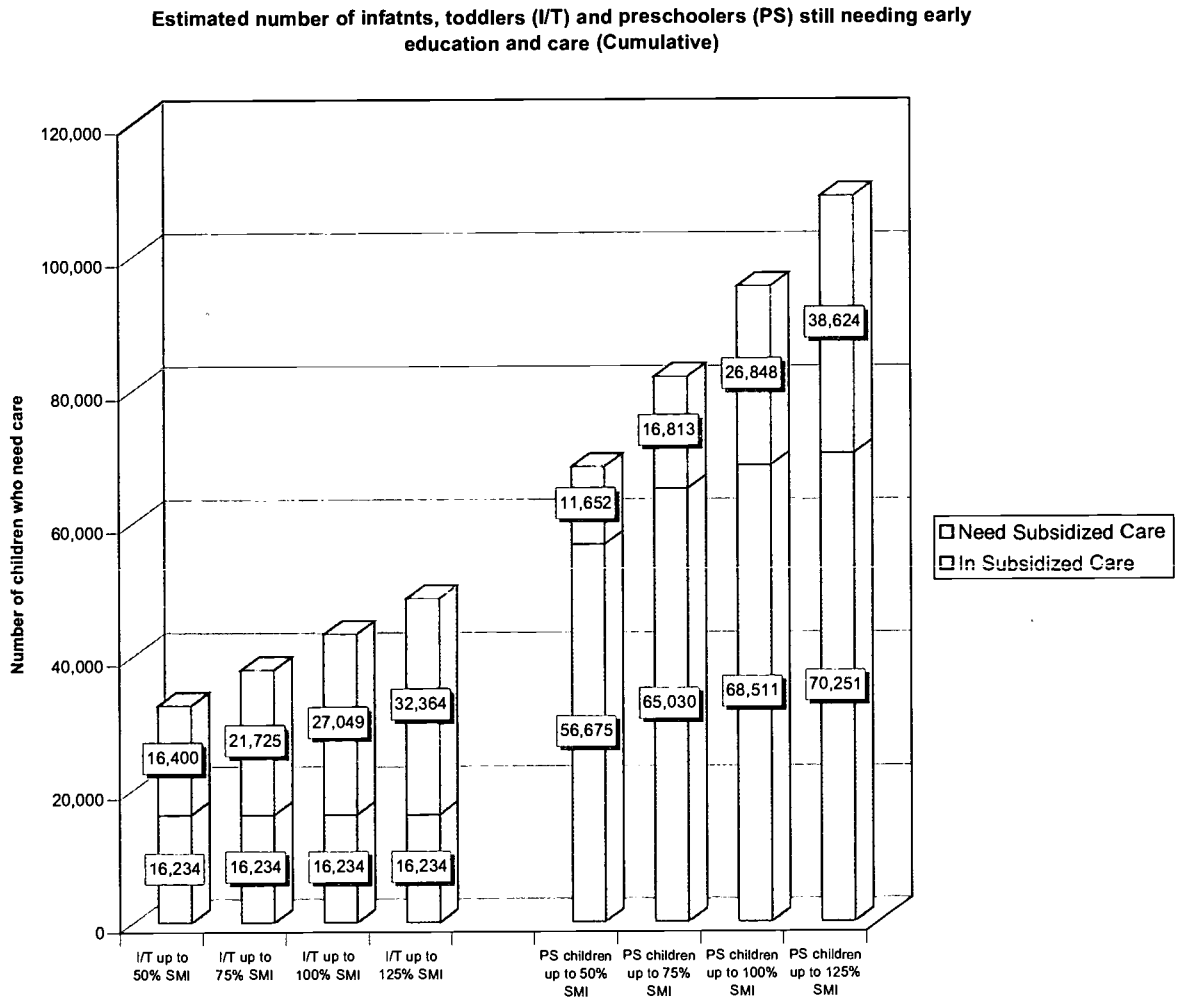
Preschool children are in early care and education programs not only because it allows parents to work, but also because parents believe that it is of positive value to their children. The number of days that children spend in early childhood programs varies: 31 percent attend a program for three days a week or less while 61 percent are enrolled for five days a week.

***How many children still need support to attend a high quality early care and education program?***

Based on cost and use data from the Community Partnerships for Children program, Community Profiles surveys (FY '99-'00), OCCS subsidy data and birth records, an estimated 38,624 preschool-age children whose families earn up to 125 percent of the state median income (SMI) still need some assistance in order to attend a high quality early care and education program. In addition, approximately 32,364 infants and toddlers are in need of subsidies for early care and education. This estimate is based on use patterns (demand) of 65 percent for preschoolers and 30 percent for infants and toddlers for families below 50 percent of the SMI and 50 percent for preschool and 25 percent for infants and toddlers for those above 50 percent of the SMI. In order to accommodate all of these children, considerable capital expansion and renovation would have to take place because the capacity does not currently exist to serve all of these children in existing centers and family child care. Roughly, 6,000 infants, toddlers and preschoolers are served through the OCCS In-Home/Relative Care program that pays parents, relatives and family friends \$2 per hour to care for their children. These children were not included in the subsidized system tally.

OCCS requires criminal background checks, participation in orientation, and provides technical assistance packets (OCCS fact sheet, 2001). There is a limit of six children per provider and a provider must be at least eighteen. In-home or relative care can be excellent or poor and no mechanism exists to ensure that the state is only

**Chart D**



funding quality early care and education. There is also no way to know for sure that the wide use of this program is truly parents' preferred choice in view of the reality that there is insufficient space and funding available for placements in family child care or center-based care.

Fewer infants and toddlers than preschoolers are projected to need care since more of them remain at home with parents or others than do preschoolers. The relatively high number of preschool children still needing care reflects the higher usage and more easily perceived educational purpose of preschool. These numbers include more than working parents, also considering the need for part-time preschool for "at risk" children and parents in educational programs.

## CHALLENGES TO THE SYSTEM

*In child care, the root of much evil is not the love of money, but the absence of it.*

*William Gromley Jr., 1995*

The early care and education/family support system that needs to be built must provide and cultivate primary caring and stimulating relationships for infants and young children that will inspire in them an enduring sense of security, worth and opportunity for the future. The challenges to the system are those elements that interfere with those outcomes. Although the few major challenges documented here do not constitute an exhaustive list, making significant progress on these barriers or problems would go a long way to ensuring that Massachusetts continues to lead the nation in investment in children and education. The following outlines both the major challenges and the objectives of a functional early care and education system:

- Making the early care and education system affordable for parents while offering maximum parental choice;
- Attracting, retaining and adequately compensating qualified teachers;
- Ensuring high quality and equity across the system; and
- Supporting parents in their role as their children's first teacher in a way that builds their capacities as parents as well as building community.

The next section will outline these challenges. Following this section, some recommendations and actions steps will be suggested.

### ***Making programs affordable while offering parents choice***

The cost of a full-day, full-year quality early childhood program based on the 50<sup>th</sup> percentile of the market rate is \$10,985 per year for infant care, \$9,820 for toddler care and \$7,951 for preschool care. These costs make early childhood programs very expensive for most parents, particularly in families with more than one child. Many parents with two children earning a yearly salary of \$67,485 would have to pay \$19,000, or 28 percent of their income (before taxes), if they had both an infant and a preschooler in full-day, full-year programs (at the same center, there would probably be a discount for two children).

Family income affects preschool attendance. If cost were no object, it is likely that participation at all income levels would rise close to the 80 percent participation level of the highest income group. Public kindergarten is attended by roughly 90 percent of eligible children in Massachusetts. Publicly-funded preschool for four-year-olds in Georgia and for a wider age group in some European countries is attended by over 90 percent of the children. These facts illustrate the public enthusiasm for early childhood programs when they are affordable. According to the National Education Goals Panel (cited in Cooper, 1999), as income increases preschool participation increases:

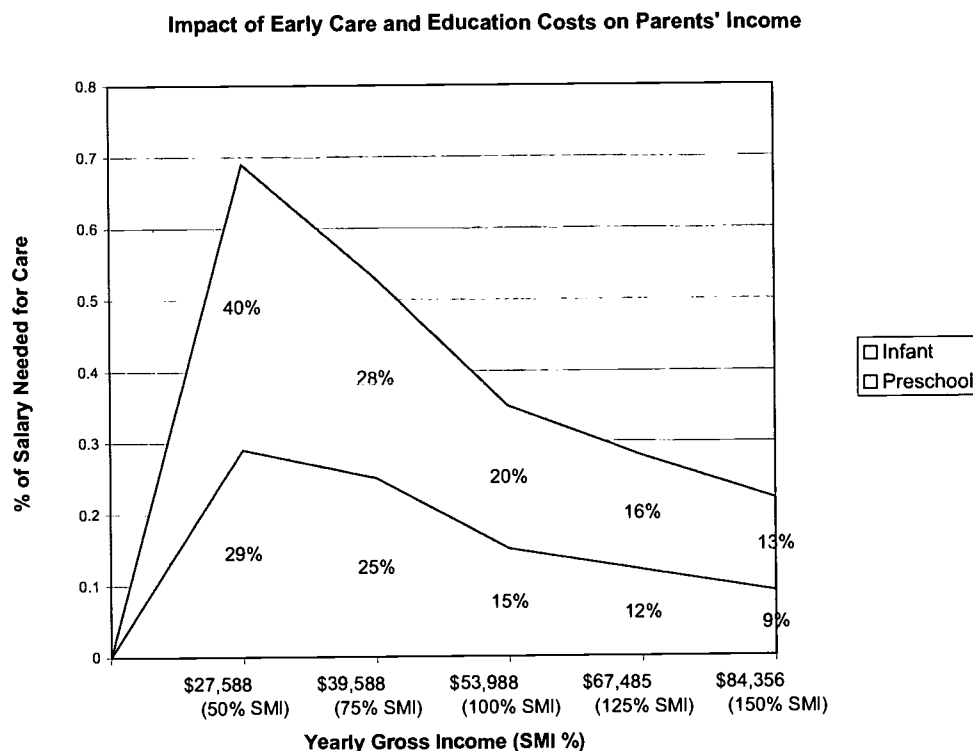
*How parents' income affects children's participation in preschool:*

<u>Income</u>	<u>% children in preschool</u>
\$10,000 or less	43%
\$10,001 to \$20,000	51%
\$20,001 to \$30,000	47%
\$30,001 to \$40,000	53%
\$40,001 to \$50,000	60%
\$50,001 to \$75,000	67%
Over \$75,000	79%

Many of the lowest income parents do not have to pay for early education and care (Head Start and some public school programs) or pay relatively low fees because of government subsidies. In these programs, there are frequently waiting lists and an inability to fulfill demand (Head Start serves only about 40 percent of those eligible nationally). Some parents have sufficient income to pay for high-quality child care. However, there is a relatively large group of middle-income parents who earn too much for government subsidies but who cannot pay for high priced, high quality care (those earning between about 50 percent of the state median income and 100 to 150 percent of state median income). These are the children who, as a group, receive the lowest quality care (Community Profiles, 99-00).

If all children in Massachusetts had access to affordable, high-quality early care and education programs, schools would have fewer children needing special education, the drop-out rate would decrease and children would be more successful in school. Among Massachusetts families with children in child care, over half stated that child

**Chart E:** (Source: OCCS Sliding Fee Scale, 2000)



care was not "always affordable" (Community Profiles, '99-'00). For those who are looking for or have been unable to find child care for their infant or toddler, over 60 percent reported that cost was a major problem. About 45 percent reported that long waiting lists were a barrier, 27 percent had problems with the hours of care offered or were unable to find a program with openings, and 15 percent said they had problems finding a caregiver that they found trustworthy. For parents of preschool-age children, 66 percent reported cost as a major difficulty and 38 percent cited long waiting lists as a barrier.

And how do Massachusetts families manage early care and education costs that they find too expensive? A majority (58.8 percent) said they borrowed money, used up their savings, went into debt, dropped health insurance for themselves and/or their family or simply did not save any money. Twelve percent tried to manage through signing onto numerous waiting lists and 35 percent could not find programs that met their work schedule. Transportation was a problem for 26 percent of these parents and 22 percent could not find a program in a convenient location. A number of parents made an employment change: Five percent lost or quit their job, 5.4 percent took a second or third job and 1.6 percent went on public assistance so that they would become eligible for child care (Community Profiles, 99-00). If a child has a disability, the task of finding an appropriate program for the child that will accommodate extended working hours is even more difficult. So the cost of early care and education has a very concrete effect on families quite apart from the effects on children and the early care and education workforce.

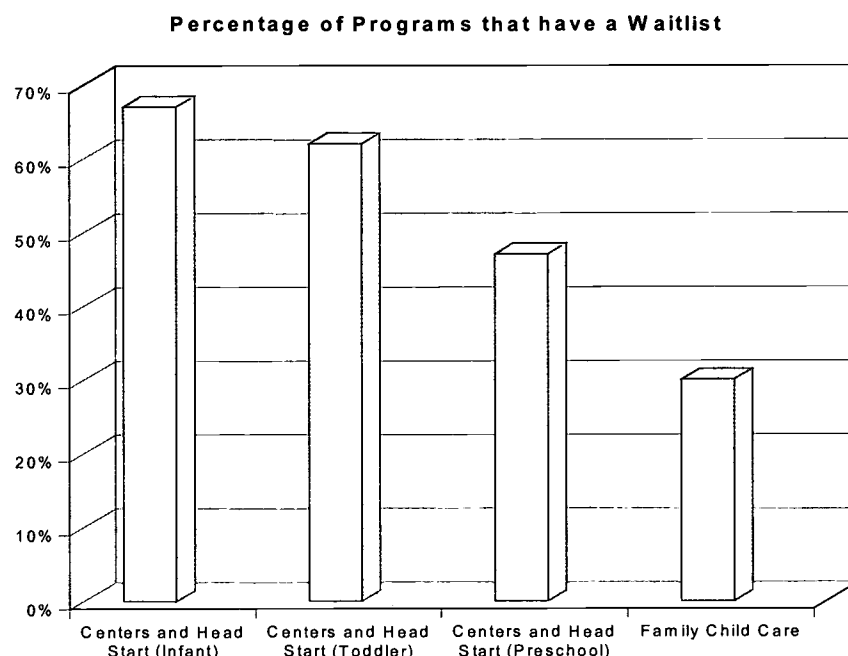
#### *Can families find the program they want?*

Infant and toddler programs have long waiting lists (an average of 65 percent of programs have a waiting list). Three times the number of infants and toddlers are on waiting lists than are in care (Community Profiles, 2000). The options available for parents who want to stay at home with an infant are limited. With only a few employers offering paid parental leave and federal unpaid parental leave protection capped at twelve weeks, the combination of expense and scarcity presents access problems for most parents of infants and toddlers.

In some of the most desirable programs, people must put their child on a waiting list before the actual birth to be sure they will be able to enroll their child when he/she reaches preschool age. In a recent story broadcast on WBUR (FM 90.9, December, 2000) on Morning Edition, a couple for whom cost was not an issue spent nine months locating a provider that they were happy with *and* who would be able to take both a two-month-old infant and a three-year-old.

Part of the problem in finding an early childhood program may result from the way that parents go about finding early care and education programs. In Massachusetts 59 percent of parents find out about programs from friends or family. Roughly 20 percent find out through Child Care Resource and Referral Agencies. Sixteen percent of parents receive their information from their public school.

**Chart F:**



Source: Community Profiles, 2000

Parents of young children have a powerful need to find a caregiver they trust – babies cannot report on how they were treated during their day. People naturally trust the opinions and experiences of their family and friends, whether or not they actually have expertise. Similar trends have been found in national research studies. These findings suggest that strategies that use local, “natural” communication networks will be the most effective in reaching parents. It also suggests that publicizing general information about the value and quality of early care and education is needed, since there is no assurance that parents’ actual sources will be particularly well-informed about these matters.

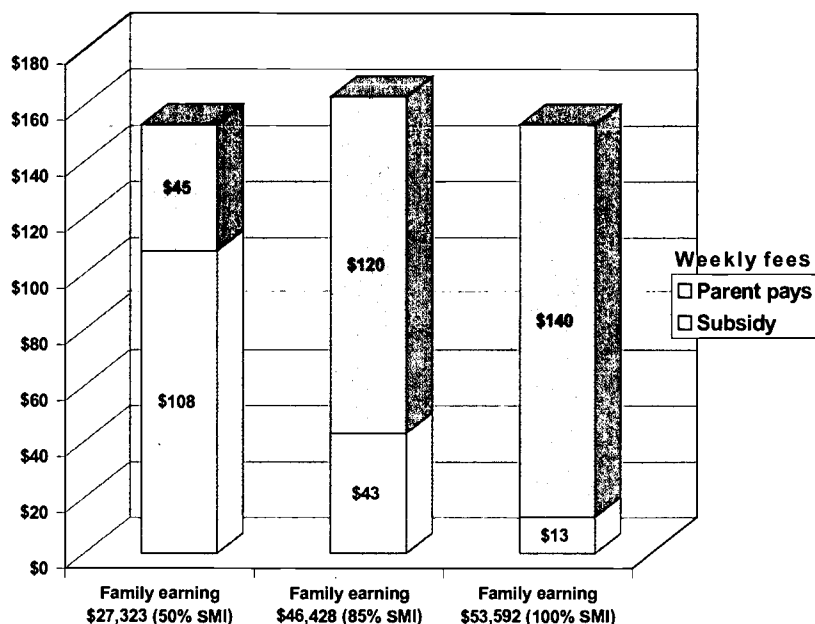
***How much do parents pay for early childhood programs and how much of the cost is subsidized by public funds?***

Parents pay the majority of early education and care expenses. Chart G below illustrates that, while the state sliding fee scale provides substantial assistance to families at the lower end of the economic spectrum (below 50 percent of the state median income), it allows a much smaller proportion to be subsidized for families who are earning at the 85<sup>th</sup> percentile of the SMI or above.

For a parent earning 100 percent of the state median income (\$57,936), having two young children in full time care (with the second child paying only half tuition) would cost over \$10,920 per year even with the subsidy (\$140 + \$70 x 52) and would consume over 20 percent of the parent’s income. This puts many single parents (typically women) in a Catch 22 – they must have child care to work. However, they cannot afford to work because of the high cost of child care or must select an informal care situation which may be less than ideal but is affordable.

**Chart G:**

**Financial impact of subsidies on a family of three**



Source: Community Profiles, 2000

Furthermore, the state sliding fee scale categorizes families in a way that does not distinguish between one- and two-parent families: A family of four can be either a single parent with three children or a two-parent family with two children, regardless of the ages of the children. These different situations make a big difference in what is "affordable" to parents. A single parent with two children would have to pay one-and-a-half-times the cost listed on the chart (the parent pays half-price for the second child).

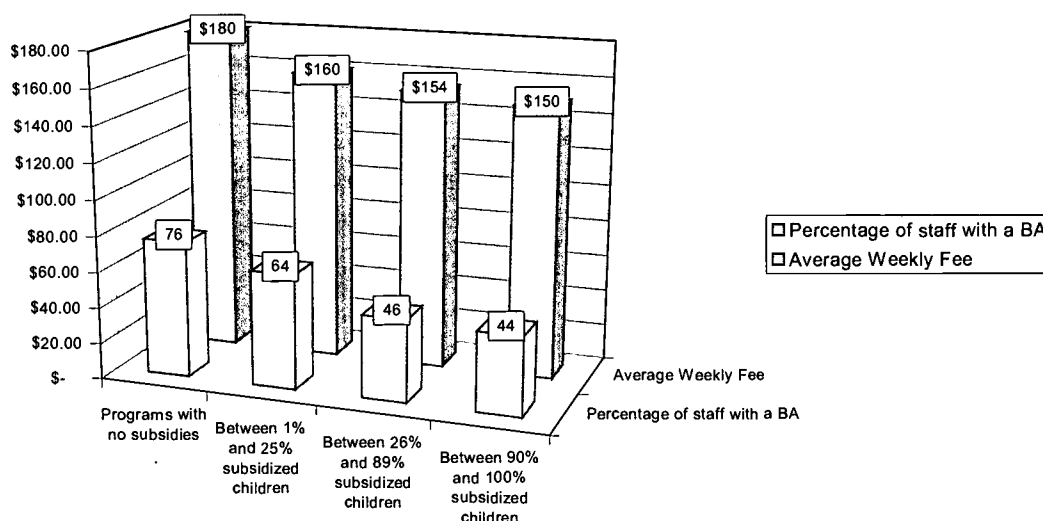
***How do subsidies, parent fees and staff qualifications relate to each other?***

Parents are the predominant force in the market for early care and education. They pay approximately 60 percent of the current cost, and they are already paying more than they can afford. This "affordability factor" sets a ceiling on what most programs can afford to charge for their programs, and at the current tuition rates charged for early childhood programs, program directors cannot pay teachers salaries commensurate with their education, skills and responsibilities.



**Chart H:**

**The relationship between parent weekly fees and education levels of staff in preschool programs**



Source: Community Profiles, 2000

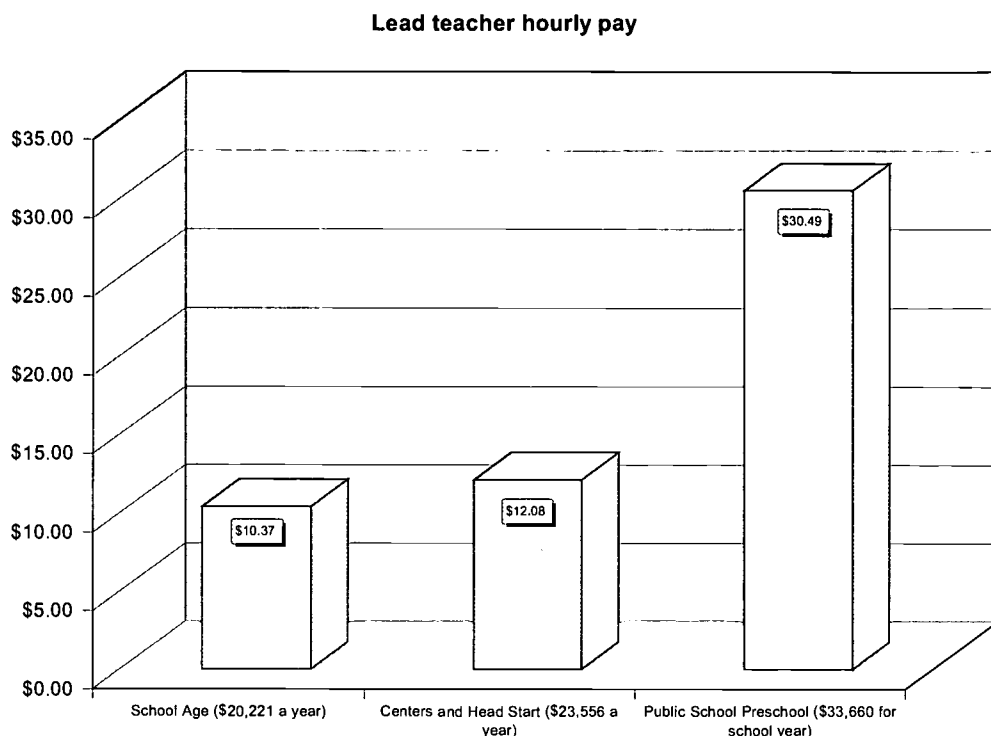
### ***How much are early care and education teachers paid?***

Nationally, child care workers with some college earn about half as much as women of similar educational experience in other fields. The teachers we entrust with our youngest children earn less than those in almost any occupation available, and many occupations in the same wage range do not share the level of responsibility that teachers of young children have. Some nannies earn considerably more than center-based teachers because they work for individuals who have the means to pay, although their *average* wages in Massachusetts (\$10 - \$13) are in the same range as lead teachers.

Although wages are higher in Massachusetts than much of the rest of the country, the cost of living is also higher here. To look at this wage through the lens of cost of living is discouraging. The sufficiency standard to live in Berkshire County is \$13.98 per hour for a family consisting of one adult with a preschooler and a school-age child, so a child care provider with two children earning \$13 per hour would not meet that basic standard for self-sufficiency (Pearce and Brooks, 1998). Essentially, many child care providers are not making a living wage in order to ensure that others can.



**Chart I**



Source: Community Profiles, 2000

A report of occupational wages from the Massachusetts Division of Employment and Training (1998) tells the story clearly.

<u>Job</u>	<u>Salary/hr.</u>	<u>Salary/annual</u>
Physicians	\$46.69	\$103,350
Lawyers	\$35.14	\$ 73,090
Education Administrators	\$28.18	\$ 58,620
Computer Support Specialists	\$21.13	\$ 43,950
Meter Readers (Utilities)	\$19.18	\$ 39,890
Secondary school teachers	\$30 (est.)	\$ 36,950
Vocational education teachers	\$17.52	\$ 36,440
Licensed practical nurses	\$16.16	\$ 33,610
Auto mechanics	\$14.27	\$ 29,680
Secretaries	\$13.59	\$ 28,270
Adult education teachers	\$13.17	\$ 27,380
Bill Collectors	\$12.61	\$ 24,170
Upholsterers	\$11.64	\$ 24,210
School Bus Drivers	\$ 9.40	\$ 19,540
Janitors and cleaners	\$ 9.26	\$ 19,270
Sewing Machine Operators	\$ 8.92	\$ 18,550
<b>Child care workers</b>	<b>\$ 8.58</b>	<b>\$ 17,860</b>
Bicycle repairers	\$ 8.53	\$ 17,750
Teacher aides (public school)	\$ 8.13	\$ 16,910
Service station attendants	\$ 7.45	\$ 15,490

The salary on this list is lower than the chart above because the sample included assistant teachers along with teachers and lead teachers while the chart includes only lead teachers. Preschool/child care teachers are projected to be in high demand in the next several years. But so are a number of similar jobs that pay more (such as public school teachers, adult education teachers, social workers, etc.)

Although early care and education teachers (who work in child care centers) are not required in most cases to have a college degree, research demonstrates that it is most beneficial to children when they do (Sachs, 2000). However, it is unrealistic to expect people with college degrees to work for any period of time in the field if they are paid less than jobs that may not even require a high school degree. Compared with workers who earn similar low wages, child care workers are better trained and better educated. Still, their European counterparts not only earn more but also, on average, are better educated (Gromley, Jr. 1995).

### *How do low salaries affect the work force?*

Chart J demonstrates the tendency in Massachusetts for highly subsidized programs to employ teachers at lower salaries and with lower qualifications. Currently public agencies that subsidize children pay rates that are insufficient to pay adequate salaries for early care and education teachers. This results in teachers with minimal training and high staff turnover. Children who are already at-risk are placed in potentially lower quality programs since programs that are the most subsidized tend to employ less educated teachers (Sachs, 2000). This situation threatens to undermine the benefits of early care and education for many at risk children. Research suggests that it would be more cost effective over the long term to ensure that children at risk are placed in the highest quality programs to take advantage of future savings from the decreased need for special education, remedial education, social services and criminal justice (Schweinhart, Barnes and Weikart, 1993; RAND, 1998; National Research Council et al, 2000).

The national staff turnover rate is 40 percent for child care workers, up from 15 percent in 1977. This is three times the average rate of staff turnover in private companies. School-age programs, private centers and Head Start programs all have a revolving door for staff. In Massachusetts, within a given year, assistant teacher turnover is 38 percent. Teachers and lead teachers are not much better, with turnover reaching 31 percent and 20 percent respectively (MCCRRN, 2000). Low salaries and lack of benefits in early care and education, coupled with a booming economy, tempt even dedicated early care and education teachers to leave the field for more lucrative jobs so they can support their own families.

Vandell and Wolfe (2000) found that the economic cost to centers of managing staff turnover was greater than it would be to simply pay staff more and provide more training. They found that the average center spends seven percent of its annual budget on recruitment. If that portion of the budget could be redirected to salaries, considerable progress could be made toward stabilizing staff and relationships and improving quality. The research documented that the market for child care does not work effectively because parents lack information on quality and availability and so do not make informed decisions. Additionally, parents simply do not have the money to pay what is needed to provide staff with adequate salaries.

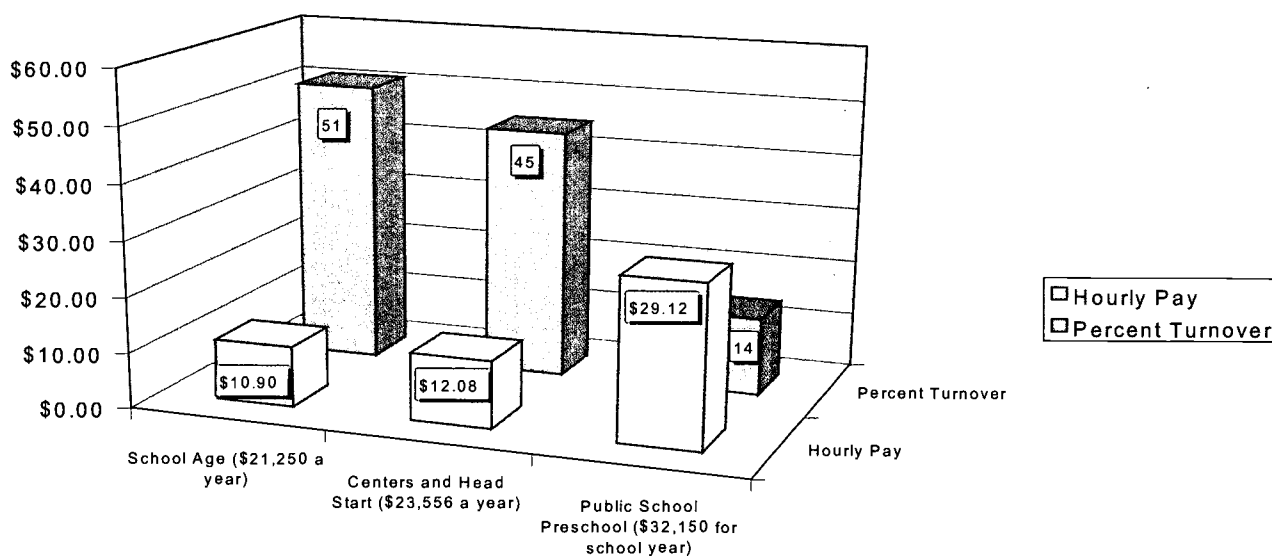
### Turnover rates and rehiring at the program level

Turnover rates are much higher if they are calculated on a program-by-program basis. Turnover is typically calculated by dividing the total number of teachers who left their jobs in a given year into the total number of teachers in Massachusetts (MCCR&R, 2000). This method provides an industry total. However, if turnover is calculated at the program-by-program level -- how a child experiences it -- turnover is much higher, up to 66 percent in the case of a lead teacher (Community Profiles, '99 - '00). These numbers predict that if a child is in a classroom with three teachers, two of those teachers would turnover in a given year. In contrast, public school preschool programs have a teacher turnover rate of 14 percent, clearly related to the higher salaries they receive (see Chart J for program average turnover and salaries)

With staff leaving regularly, rehiring is also an ongoing process. When asked why staff leave, directors report that 31 percent of their staff accepted positions in a related field and 24 percent leave for disciplinary reasons. Furthermore, when asked about their replacements, 70 percent of directors cite lack of experience and over 40 percent note that the new teachers are not well-trained and/or are not motivated (Community Profiles, '99-'00). What is worse, many advertised positions get little to no response.

**Chart J**

**Salary and turnover in early education and care programs based on program averages**



Source: Community Profiles, 2000

To make matters worse, there is a growing shortage of teachers in the public schools which is projected to increase in the coming years. Many early childhood teachers who are certified by the Department of Education will choose to take jobs in the public schools; others with Bachelor's degrees will pursue their certification and do the same. This presents the early care and education field, excepting the public school system, with a potentially devastating loss of trained and experienced staff.

Relationships between teachers, parents and children erode when teachers are constantly changing. In addition, when newly hired teachers are less qualified and/or experienced than the teachers they replace, the quality of the program may be further threatened. Constant turnover, low salaries and modest entry qualifications standards combine to have an effect on program quality and on children directly. One possible sign of such problems may be demonstrated by parents' response to the statement, "I feel my child is safe and secure with his/her caregiver." Although nearly 80 percent said they always felt this way, that leaves one out of five parents who are not always confident in the wellbeing of their child while they are working (Community Profiles, 99-00).

To illustrate, the following describes the current situation of a center director (personal communication) in Newton:

*The staffing crisis I have been fearfully watching over the past years landed smack at my front door in this new millennium. The tip of the iceberg is now fully exposed and its implications are staggering. Twelve out of thirty-two of my staff left by the end of June. Better-paying positions and ample opportunities closer to home were the primary reasons. In addition, two positions had remained unfilled from the previous year -- coverage up to that point had been managed by an intricate patchwork of cross-covering by directors and staff.*

*I began looking for recruits in early spring. By early September, I sat on the eve of the opening of one of my three sites (with some eighty students coming the next day) having amassed only the site director (seasoned, fortunately), a new morning coordinator, two part-time teachers, an inexperienced (but terrific) volunteer, two novice college grads (arriving 10 to 20 minutes late because of their public school teacher-aide positions in the morning) and myself (taken out of mothballs).*

*Out of the eighty-plus resumes and referrals I had received over the previous six months, the majority of whom I had personally interviewed, I had only managed to hire five. I needed twelve for this site alone, not to mention the four for my other sites. Costly ads (nearly \$5,000 in eight months) and numerous postings on the Internet had netted few responses. Then, that evening, I got the call from one of these previously "hired" candidates saying that she would not be coming tomorrow because she had been offered another position closer to her home. Nor had she been the first to do so over these previous few weeks.*

*In an effort to get people to even respond to our ads, I had to reconfigure my budget and increase nearly every new salary by 10 to 20 percent. I also worked many hours with other social service agencies to host the Community Care Job Fair -- to try a new way of attracting candidates. We*

*based our theme – Making a Difference -- on the heart of this profession in the hopes that we would attract the kind of people we wanted and needed. But the Fair was still two weeks away!*

*In my thirty years of working in this field, twenty-five as the director of this agency, I had never experienced such high turnover (38%), had never had such poorly-prepared and inexperienced candidates from whom to select and had never been so worried as to how we would manage to keep the children safe and engaged.*

*I have come to realize that this is a problem I cannot solve alone. It is a problem of major proportions that will require parents, legislators, educators, businesses and society as a whole, to unite to find appropriate solutions. The future of our society hangs on the care and education we provide to our youngest members. This is not only a political problem, but a moral and ethical one as well, and it's one that needs an answer now -- tomorrow is too late.*

#### ***How does the unstable work force affect children's experience?***

Staff stability and higher education levels are both key indicators of quality. Lowering the turnover rate and hiring better-qualified staff could be accomplished at once by paying higher salaries. In fact, wages are the primary determinant of staff turnover -- when wages are increased, turnover is decreased (National Research Council et al, 2000). In turn, this change would have a powerful positive impact on the quality of early education and children's readiness for school.

Constant changes in staff make it difficult for children to develop the ongoing relationships they need. In addition to the turnover of staff, the children move from one center or provider to another much more often than would be desirable. Taken together, this means that in many programs there is a steady change of both staff and children, so an individual child has to adjust to different caregivers and also to other children coming and going.

Frequent turnover of teachers and children leads to lack of stability and an inability to establish a community in the classroom. Children who themselves change programs and/or who are enrolled in programs with high turnover must start anew with each caregiver. People might find it troubling to hear of children in foster care who had three different "parents" in a year's time. Yet, this is essentially similar to what happens to many children in programs with high teacher turnover or who are moved from program to program.

According to Community Profiles parent surveys ('99-'00), nearly 23 percent of the infants had one to three or more changes in caregivers in the previous year; 30 percent of toddlers and 32 percent of preschoolers changed caregivers/programs at least one time in a given year. Twelve percent of children from infancy to school age made three or more changes in a year's time. The reasons parents gave for the changing programs or providers were:

- cost (25 percent);
- hours of service (22 percent);
- quality of program (13 percent);

- The “fit” between child and provider (19 percent of parents of infants. That reason was cited with decreasing frequency with age to 11 percent for school age children).
- Location (17 percent of parents with preschool or school-age children);
- Did not “always” feel that their child was safe and secure with their caregiver (22 percent of parents).

### **Conclusion**

*How the brain becomes organized is directly influenced by how caregivers treat children...Children need people who help them develop an internal model of security about the world, a sense of emotional well-being and psychological resilience.*

*Dr. Daniel Siegel (in Boston Globe article by S. Most, 11/5/ 2000, p. E-8)*

These challenges to the system are serious. We know about what young children need – ongoing relationship and teachers trained in child development and early education. Young children should not be spending their days in circumstances that do not support healthy emotional and cognitive development when there is ample information available about how to do it right.



## RECOMMENDATIONS

The Early Childhood Advisory Council believes that public investment in comprehensive early childhood programs and family support equals the importance of public investment in higher education. The critical constants in any child's life are the important relationships they form with their family and other primary caregivers. Their ongoing relationships provide the foundation for learning. Investing resources supporting those relationships – supporting parents and qualified teachers who are among the primary relationships for children outside the home – is a straightforward strategy for ensuring that children develop according to their capacities and start school ready to learn.

Four recommendations together with related action steps are suggested. Also provided are data and other information that may be useful in implementing the action steps. Models from other states and countries as well as within Massachusetts that might provide guidance in implementing the recommendations are provided in Appendix B. The four recommendations are:

1. *Make early care and education and family support affordable. This includes both ensuring access for all children and families, and expanding choice for parents.*
2. *Strengthen the early care and education work force by increasing staff compensation, developing mechanisms to retain staff and reduce turnover, and upgrading early care and education staff qualifications.*
3. *Increase the capacity and quality of the early care and education programs and develop local and state infrastructures that will support a system that is family friendly and locally-based.*
4. *Expand family and community partnerships at the local level with the goal of providing a comprehensive early care and education/family support system that would include health and mental health, nutrition, immunization and family education and support.*

### **The cost of the recommendations**

Enacting these recommendations will take time, money, commitment and creative thinking. Several components are involved, which are described after each recommendation along with an estimated cost. Most of the key parts of the plan, along with their cost, are summarized on Chart K at the end of this section. What is needed is expensive. However, the Early Childhood Advisory Council is presenting a honest overview of the steps and costs of what it would take to create a first rate system of early education and family support for children and families in Massachusetts.

### Recommendation 1

Early care and education and family support must become affordable and universally available. This includes both ensuring physical access and sufficient supply of services for all children and families as well as expanding choice for parents.

Making high quality early care and education and family support universally available would require subsidies for families earning incomes up to 125 percent of the State Median Income (SMI). Based on current data, patterns of usage, program capacity and other available data, the number of children whose families still need assistance to participate in early care and education program is:

<u>Income level</u>	<u>Pre-K Cumulative Total</u>	<u>Infant/Toddler Cumulative Total</u>
Up to 50% SMI	11,652	16,400
Up to 75% SMI	16,813	21,725
Up to 100% SMI	26,848	27,049
Up to 125% SMI	38,624	32,364

Currently there is insufficient space to accommodate this many children, so expansion of preschool and infant and toddler care would have to be done in conjunction with planned capital expenditures and improvements (see below).

#### ***Action Step 1A: Improve public awareness of tax credits***

Tax credits for child care have been available for a number of years and have been helpful to many individual families. On the other hand, this approach may not be ideal for very low income families who do not pay taxes. Families with higher incomes are better able to take advantage of the credit because they are more likely to be informed how to take advantage of it and are in a better position to use a yearly reimbursement, while low income families are more in need the money on a weekly or monthly basis to pay directly for child care. Despite the drawbacks, it is to everyone's advantage for every family to be aware of the options that are available for them. Several tax credits or benefits for working families are:

- Federal child and dependent care tax credit
- Federal earned income tax credit
- Federal child tax credit
- Federal employment taxes for household employers
- Massachusetts dependent deduction
- Massachusetts limited income tax credit

More information about what these are and who is eligible is available in Appendix F. A public awareness initiative focusing on these credits and benefits should be developed in conjunction with any other steps taken to improve the early care and education system.

**Action Step 1B: Increase subsidies for young children and ensure access to quality programs**

The Commonwealth Sliding Fee Scale has been updated annually since 1999 to reflect the federally-calculated state median income and the federal poverty level. The updated scale has lowered co-payments for most families. There are more fee levels so that co-payments increase more gradually than in the past. Families earning less than 50 percent of the state median income pay 10 percent or less of their income, which has made subsidized care more affordable for the poorest families.

The sliding fee scale still requires higher co-payments at the higher end of the scale than many families find affordable. The scale also needs to distinguish between one- and two-parent families in order to make high quality early education affordable and equitable for all. Families in this income group may offset some of the cost by taking advantage of tax credits and benefits (Appendix F) if they are aware of them. The goal should be that parents should not have to pay more than 10 percent of their income for early care and education programs.

In the case of Community Partnerships for Children, eligibility criteria would have to be broadened to include children at risk, those who have been proven to benefit most from preschool programs. It would not be necessary to subsidize a full-day, full-year program when parents are not working full time. In fact, eligibility criteria in all programs need to be simplified. Despite the many early care and education programs available to serve different populations, there are still families who need assistance who manage to fall outside the eligibility criteria of all of the existing programs. Simply funding all families who want the program for their children up to the level of "affordability" could save considerable money in administration.

The current program to increase the number and quality of full-day kindergartens should also continue its expansion.

***Estimating the need and cost of care for preschoolers***

The estimated per-child, per-year cost of providing programs for preschool children based on Community Partnerships for Children costs (mixed part- and full-time, quality and comprehensive services) is \$6,000. In addition, costs for care are variable depending on the parent fee contribution. In general, the higher the income the more the parent pays. Parents who earn below 50 percent of the SMI pay roughly \$1,690 per year for full-year full-day care. Parents earning 75 percent of the SMI pay roughly \$4,290 for full-year, full-day care. The subsidies for families earning between 75 and 100 percent of SMI and between 100 and 125 percent of SMI are very small (\$500/year). This results in parents paying considerably more than 10 percent of their income that is considered by experts to be "affordable" for families for child care. Small families currently pay up to 16 percent of their salaries. Therefore, the cost of subsidies for children in these two categories should probably almost triple.<sup>2</sup>

<sup>2</sup> The sliding fee scale is being analyzed to see how the upper levels would change if it were administered equitably across income levels and family sizes. (Currently, the scale also makes no distinction between a two-parent family with one child and a one-parent family with two children, for instance.)

Particularly for infants and toddlers, it would probably save money and improve the life of parents and children if paid parental leave was available for an extended period (such as in many countries in Europe). Minnesota is currently experimenting with paying parents to stay home with infants. The high cost of infant care, plus the value of parent-child attachment, may make it cost effective. It doesn't make sense for parents with infants to work longer hours than they did prior to the birth just to pay for child care (a trend among lower income families). One possible approach to infant care that might minimize the antagonism and/or ambivalence some people feel about putting infants in out-of-home care would be to give people a choice: Parents could either get a subsidy to help pay for early care and education or an equivalent amount to stay home.

### ***Projected cost for preschool***

Estimated number of children still in need of subsidies: 38,624

Estimated per child/per year cost \$6,000  
(mixed full- and part-day/year programs, including some funds for quality and comprehensive services)\*

Adding:	<i>Not Cumulative</i>
Preschool children up to 50% SMI would cost:	\$50,220,120+
Preschool children up to 75% of SMI	\$ 8,825,310
Preschool children up to 100% of SMI	\$ 5,017,500
Preschool children up to 125% of SMI	\$ 5,888,000

*Total:* \$70 million

\* Based on the Community Partnerships for Children program and other cost data. Parents would pay according to their income. The \$6000/per child takes parent fees into consideration.

### ***Projected cost to serve infants and toddlers***

Estimated number of infants and toddlers needing subsidies: 32,364

Cost per child/per year (includes mix of full- and part-days in family child care homes and center-based programs) \$9,000

Adding infants and toddlers –

	<i>(Not Cumulative)</i>
Up to 50% of SMI	\$119,884,000
Up to 75% of SMI	\$ 25,080,750
Up to 100% of SMI	\$ 11,928,000
Up to 125% of SMI	\$ 11,928,000

*Total* \$169 million

### ***Projected cost to expand full day kindergarten***

A grant program to encourage expansion of the number of full-day kindergartens, and to improve the quality of full-day kindergartens has been in place for the last two years. The current level of funding for FY '01 is \$28 million. By the start of the next school year, there should be 1704 full day classrooms out of approximately 2777 kindergarten classrooms across the state. Up to \$18,000 per classroom is available, although the current average is \$16,300. To fund the remaining 1073 classrooms through Transition or Quality grants would require \$19.3 million. This does not include any funding for capital expansion/renovation, which is very much needed. It currently varies from district to district whether all kindergarten classrooms are full day or whether they are just converting one or more at a time.

Current funding: (1704 classrooms)	\$28 million
Capital funding needed:	To be studied
<i>Total funding still needed (1073 new classes)</i>	<i>\$19.3 million</i>

Even if all kindergartens were full day, parents would still not be mandated to send their children to kindergarten. There would also still be a need for more school-age programs or wrap-around programs to extend the school day to the full working day. This could be done either through an expansion of Community Partnerships for Children or some other after school program.

### ***Action Step 1C: Expand and improve facilities***

Given that so many programs are at capacity and a large percentage have waiting lists, the ability to expand has become critical. Through Community Profiles surveys programs reported that facility assistance and/or an increase in subsidies would alleviate some of the demand.

However, there is still not enough space. Renovating and expanding space to accommodate more children will be necessary. This is based on the fact that a large majority of programs are at full capacity. For example, 50 percent of infant/toddler programs are at 90 percent capacity and 50 percent of preschool programs are at 80 percent capacity. Roughly 60 percent of the slots needed would have to be created. Estimates on how many new spaces would be needed versus renovated spaces are based on Community Profiles surveys, as are estimates of program capacity. In short, an estimated 60 percent of the slots that are needed could be put in renovated space, and 40 percent of the slots would need to be in newly-created space.

The Early Childhood Advisory Council recommends developing strategies for expanding and improving early care and education facilities as an integral part of developing affordable and available early care and education for all. Models for supporting facility improvements and expansion are presented in Appendix B.

### ***Cost of expanding/improving facilities***

There is a lack of capacity to serve all of the children, infant through preschool age, whose families want and need them to participate in an early care and education

program. According to the Child Care Investment Fund (Boston), the cost per child for reconfiguring/renovating or constructing new space is approximately:

- Reconfiguring/renovating space: \$ 5,000 per child
  - Constructing new space \$10,000 per child
- Estimated number of renovated spaces needed: 15,490 for preschool  
(60% renovated spaces/40% new spaces)
- Total needed to accommodate preschool children: \$162 million*
- Estimated number of renovated spaces needed for  
infants and toddlers (60% renovated/40% new): 32,375
- Total needed to accommodate infants and toddlers \$136 million*

The cost for new or renovated space for infants and toddlers is approximately the same for preschool children. How much it would cost in total for capital expenditures would depend on the strategy chosen for serving infants and toddlers (time line, whether a particular income target group is given priority, etc.).

#### ***Action Step 1D: Expand family support and family literacy programs***

Family support programs begin with the idea that in order to reach the child, one must first look to the family. Parents are their children's most powerful influence, at least in the early years of life. Successful family support programs work with family strengths instead of working from a deficit model, accept the changing social structures and recognize that development occurs within the context of interdependent institutions, such as the family, school, church and government (Carvelli, 1998). Among the most vital of resources that makes successful parenting possible is social support of extended family, friends, and community members. Parents are more likely to provide secure care for young children when adequate social networks are in place.

Families need universal access to information on parenting and support for parenting. Current targeting to families in crisis needs to be expanded. Based on the Massachusetts Family Network programs that are universal within some towns and neighborhoods, and on programs in other states, the program is likely to be used by about ten percent of the population yearly.

Family Support America (FSA), the national leader in the family support field, has documented the efforts of eight states as part of the organization's "States Initiative." These programs are described in Appendix B under "Models of Family Support. These states serve as good examples of the variety of innovative policies and programs that have developed from the growing field of family support. These states appear to have two important things in common: All of these states have convened collaborative groups at high levels of state and local government and with non-profit organizations



to initiate innovative programs, system integration and program evaluation. All are using statewide indicators to track outcomes of their programs. Most are using "promotional indicators," strengths-based outcomes and indicators, used to assess the impact of services for children and families.

### ***Cost of expanding family support***

The following discussion refers only to the two programs administered through the Department of Education, although this does not imply that other existing programs could or should not be expanded to help achieve the goal. Additional information about the Massachusetts Family Network and the Parent-Child Home Program is provided in Appendix E.

#### ***Massachusetts Family Network***

The original cost estimate of implementing a statewide model available to all families (the Massachusetts Family Network) was based on a funding formula developed in Minnesota, which has a long-established universal family support program. In the early 1990's, Minnesota estimated the cost of family support services to be \$150 per child and estimated that only five percent of the population in any community would use those services, although they are offered universally. Minnesota has subsequently raised the per-child cost to approximately \$250 per child.

Data from MFN indicates that the cost in Massachusetts is higher than Minnesota, currently about \$350 per child. Programs that have been in operation over a couple of years serve roughly ten percent of their population. There is also a minimum amount of funding necessary to operate a program that does not vary based on population. The minimum amount of funding is between \$50,000 and \$75,000 to cover a coordinator salary, occupancy costs, equipment and supplies. The assumption is that, while the costs of providing family support programs vary based on the model and the community, a basic cost of \$350 per child at an average of a 10 percent participation rate, with a baseline amount of \$50,000 per program would be the minimum amount necessary.

Number of children birth to four:	325,694
Number of children unserved by MFN:	307,694
Estimated demand (10% of unserved):	30,769
Current funding for MFN:	\$ 6.4 million
30,769 times \$350/new child	\$10.8 million
<i>Total needed to serve 10% of population</i>	<i>\$17.2 million</i>

#### ***Parent-Child Home Program***

The Parent-Child Home Program (PCHP) provides two years of intensive home visiting focused on stimulating parent-child verbal interaction and developing critical language and literacy skills in children age 18 months through three years. The

program's main goal is to promote school success through preparing children to enter school ready to learn.

PCHP is in its second year as a state-funded program. Currently 42 communities offer the program with over 1200 families benefiting from the services. Of those communities, 39 are supported by state funds and two by the federal Goals 2000 grant. Funding for a few of these communities also includes federal Title I monies, municipal funding, and private foundation support.

To establish programs in at least a third of the state's communities and increase the number of families served in highly populated low-income areas, funding for the program would need to increase approximately \$2 million per year for the next ten years. Continued support for existing programs would allow them to move families from the first to the second year of the program while bringing in new families for the first year program.

PCHP current funding:	\$ 3 million
Cost to expand existing programs and to create eight to ten new programs per year:	\$ 1.8 million
FY 2003 – FY 2011 expansions (\$2 million x 9 years)	\$18 million
<i>Total needed to serve low-income families:</i>	<i>\$19.8 million</i>

#### *Office for Child Care Services*

Among the goals of PCHP, MFN and other similar programs is to prevent child abuse and neglect from developing. However, it is unlikely that abuse and neglect will ever be eliminated. When it does occur, child care and family services are vital. The Office of Child Care Services (OCCS) awarded child care contracts to about 175 child care providers for supportive child care for children in families where abuse and/or neglect is suspected or confirmed. Supportive child care includes comprehensive services that provide additional supports for families with open cases with the Department of Social Services (DSS). These services alleviate family stress and monitor the health and safety of the children. There is a special emphasis on collaboration with local mental health providers, DSS family-based services and other community programs. Continuing adequate funding for this program is essential to the early care and education/family support system.

#### ***Action Step 1E: Explore mechanisms to support paid parental leave***

A recent study (Public Agenda/Farkas, Duffett and Johnson, 2000) found that by a large margin parents in the United States believe that the best place for infants and toddlers is with a parent at home. This sentiment was echoed by employers and child care advocates. This preference is based on the historical responsibility for young children falling to mothers, grandmothers, other female family members and the idea that this unpaid labor is not "work" (Vardell and Whitebook, 1995). In the Public Agenda study (Farkas et al, 2000), only child care advocates had a good understanding of the economic implications and regulations/legislation that would be

needed to allow parents to stay home with their infants for an extended period if that was their preference.

Another study, (DYG, Inc., 2000) found that 67 percent of all adults believe, incorrectly, that working parents could not develop as strong a bond with their children as stay-at-home parents which may account for people's belief that babies are best cared for at home. Eighty percent of all adults support paid parental leave with particularly strong support coming from low income parents, mothers and "future parents" (DYG, Inc., 2000). However, the study also found that 73 percent of parents of young children and 65 percent of all adults support government assistance to help families pay for quality early education and care.

Within the United States, a number of states, including Massachusetts are considering the use of unemployment insurance to fund the federal Family and Medical Leave Act, which provides twelve weeks of unpaid family leave for people working in companies of at least fifty employees. Many parents are unable to take advantage of the federal Family and Medical Leave because they cannot afford to give up their income. Another large group is ineligible because they work for small companies that are exempt. Using unemployment insurance would provide an available funding source. Opponents of using the funds in this way fear that it would endanger funds for those out of work. An alternative is to use temporary disability insurance to pay maternity benefits and/or parental leave, a strategy already being used by five states and Puerto Rico.

The Council recommends that some group, task force or agency be assigned the responsibility of researching and reporting on the possibilities for funding parental leave along with recommendations for structuring extended parental leave.

#### **Recommendation 2**

Strengthen the early care and education work force by increasing staff compensation, developing mechanisms to retain staff and reduce turn-over, and upgrading early care and education staff qualifications.

#### ***Action Step 2A: Adopt a model for salary enhancement and career development***

Increasing salaries can be addressed in a number of ways. Vardell and Whitebook (1995) point out that the salaries of three million child care teachers nationwide could be raised by \$5000 per year for a total of \$15 billion per year, while the cost of an additional \$500 per family tax credit that was proposed by Congress in 1995 was \$35 billion. Despite the attractions of the tax credit, the improved salaries would have gone much further in improving program quality and lowering turnover to help children enter school ready to learn and in helping parents worry less about their children while working.

Several cities and states are attempting to solve the problem of low wages and/or insufficient education of providers. Appendix B, Part 5, summarizes different salary enhancement approaches (Child Care Bulletin, 1998; Center for Child Care Workforce monthly electronic newsletter, OCCS).

One of the efforts in Massachusetts to address recruitment and retention is the Recruitment and Retention Task force convened by OCCS. The goal of the Task Force is to develop strategies to encourage recruitment and retention of qualified staff. Another goal is to establish and plan to ensure the continuity of care for children and families in the early care and education system. Career advancement, increased compensation and professional development are all outcomes desired by the group.

*...If there is a single critical component to quality, it rests in the relationship between the child and the teacher/caregiver, and in the ability of the adult to be responsive to the child. But responsiveness extends in many directions: to the child's cognitive, social, emotional, and physical characteristics and development.*

*-- National Research Council et al, 2000*

#### **Cost of a Massachusetts salary enhancement program**

Based on Community Profiles data from Massachusetts, the cost of a program similar to some of these other states' models can be calculated. Directors, teachers and family child care providers would receive salary increases based on their current qualifications and when their qualification levels increase in the future. This program would help retain the providers, attract more qualified candidates and help improve the qualifications of teachers currently in the field.

To fully implement the program, to drastically reduce turnover and to stabilize the workforce for every community would cost an estimated \$53.4 million annually. This would fund approximately 1450 directors, 14,450 full-time teachers and 5850 part-time teachers, and 10,000 family child care providers. Salary increases would start at \$750 per year for entry-level teachers and extend to \$6,000 per year for teachers with Master's degrees. Providers earning over \$35,000/year would not be eligible for this program.

<u>Education level</u>	<u>Number</u>	<u>Bonus</u> <u>Pt. time/full time</u>	<u>Estimated total</u>
High school/some college	13,169	\$375 - \$ 750	\$ 8.8 million
Child Development Assoc.	3,013	\$500 - \$1000	\$ 2.8 million
Associates degree	4,339	\$1000 - \$2000	\$ 8.1 million
Bachelors (early childhood/ed.)	5,339	\$2000 - \$4000	\$19.7 million
Bachelors degree (other)	1,956	\$1250 - \$2,500	\$ 4.5 million
Masters (early childhood/ed.)	1,406	\$3000 - \$6000	\$ 7.9 million
Masters degree (other)	187	\$1250 - \$2500	\$ .5 million
Advanced (early childhood ed.)	194	\$3,000 - \$6000	\$ 1.1 million
<i>Total</i>	<i>29,603</i>		<i>\$53.4 million</i>

### Recommendation 3

Identify a coherent and integrated model of financing the system in order to increase capacity and quality of the early care and education programs and develop local infrastructure to support a family-friendly, locally-based system.

#### ***Action Step 3A: Identify the real cost of high quality early care and education***

In *Not By Chance*, a report from The Quality 2000 Initiative (Kagan and Cohen, 1997), several strategies were identified to address the inadequate funding of early care and education to improve infrastructure and quality. One of those strategies was to pursue more information about the actual cost of early childhood programs when it is not dependent on parents' ability to pay.

#### ***Massachusetts' Cost and Quality Study***

To explore the relationship between cost and quality in Massachusetts programs, Wellesley College, along with Abt Associates, is currently conducting a Cost and Quality Study (funded by the Massachusetts Department of Education) similar to the national Cost, Quality and Outcomes Study published in the 1995. Data on the quality of existing programs and the costs associated with achieving different levels of quality in different types of programs will be collected and analyzed.

The study gathered data on community-based, full-day, full-year preschool programs during FY 2000. A report on findings will be available in Spring, 2001. During FY 2001, public preschool programs are being observed as well as family child care homes (the family child care portion of the study is funded by the federal Administration for Children and Families). In the final year of the study, community-based infant and toddler programs will be studied. The study will provide information on the costs of raising quality to the level that supports children's growth and development.

#### ***Action Step 3B: Review different models of funding early care and education***

Financing a system of early care and education will require reviewing various funding streams, tax incentives and models of financing. A new publication, called *Financing Child Care in the United States: An Expanded Catalog of Current Strategies* (Mitchell, Stoney and Dichter, 2001), surveyed a number of programs funded via different mechanisms (including Massachusetts' Community Partnerships for Children program) to provide diverse models of financing and sources of funding, with various collaborative partners. This publication, and some other recent reports, would provide a good starting point of study.

#### ***Current efforts in Massachusetts***

The Quality Assistance Bill (re-filed December, 2000) is designed to improve the quality of early education and care in Massachusetts. To help pay for quality enhancements, such as national accreditation and salary supplements, participating



programs will receive a per child allotment. Programs will also be required to contribute data for various studies, including child outcomes and school readiness. Other elements of the bill include a professional development and scholarship program, an early care and education career lattice, and the expansion of family support programs through Massachusetts Family Networks. Technical assistance for the Quality Assistance program would be provided through the Department of Education in collaboration with the Office of Child Care Services and other state and local agencies and organizations.

A Massachusetts group of early care and education professionals have recently formed a group called "Investing in Children" to learn about different models of financing early care and education. Descriptions of three possible models follow: 1) foundation funding similar to public schools; 2) the higher education model; and 3) national tax-based funding. The Invest in Children group has also developed information on tax incentives for families. (See Recommendation 1, Action Step 1A above and Appendix F for specific information on tax credits and benefits that are available to families).

### ***Foundation funding for early care and education***

This system would allocate some given amount for the early care and education of each child. This can be through a simple or complex formula, depending on how many factors are to be weighed, how income level of a family and/or community is weighed, what the parameters of the program are, or at what age a child becomes eligible. The basic model for this is the foundation funding under Education Reform. However, foundation funding for early care and education would require that a number of different conditions be considered. It would be building on a primarily private/public model rather than an already-existing public model. Different economic realities exist – little public physical infrastructure and an artificially-low wage structure. More quality standards would be required given the vulnerability of the children in the system. New York's new prekindergarten program is based on a per child amount as is New Jersey's. The national system of France, described below provides a basic foundation amount per child, although it is not administered in the way that American public school funding is.

### ***Higher Education Model***

Early care and education and higher education are alike in several ways (Stoney, 1998):

- Both are education systems with a mix of public and private providers.
- Both cost more than most people can afford.
- Parent/student choice is valued.
- Both education and care are provided.
- Investment in both systems pay off over an individual's lifetime. The benefits accrue not only to the individual, but also to society at large.
- Both depend largely on tuition and fees for a large portion of their revenues; and
- Both are expensive, with some correlation between quality and cost.



There are also some important differences:

- There is consensus about the value of higher education, but ambivalence about the value of early education.
- Parents have nearly two decades to save for college costs and have often attained their peak earning capacity around the time their children reach college age. In contrast, new parents have essentially no time to save for early care and education and often must contend with these costs at a time when they are still struggling to establish their careers and are usually at the lower end of the salary scale.
- The two systems emerge out of different philosophical backgrounds and histories.

The high cost of college is acknowledged by all and there are a number of different funding sources. Many loans and scholarships, both government and private, are available to assist with the expense and a wider range of parents get tuition support. There is more quality assurance because of higher education accreditation. The high cost of quality early care and education is not as clear because the costs are kept artificially low by paying child care workers low wages.

Contrary to public belief, the average annual tuition for early education and care is actually higher than average annual tuition for public college, yet parents are responsible for paying a much higher percentage of the tuition for early education. While parents pay about 60 percent of the costs of early care and education, they pay about 23 percent of the cost of public higher education. In addition, they pay for college during a phase in their lives when their income is usually higher than when their children were young (National Women's Law Center, 2000). Government contributions for higher education amount to about \$4,552 per student compared to only \$1,395 per child in child care (National Women's Law Center, 2000). In Washington, Project Lift-Off (1999) found that four years of full-time child care cost \$33,600 in contrast to the \$13,980 for four years at the University of Washington.

The discrepancy between the systems of higher education and early education and care emerged from different histories, but continues to reflect society's values which do not acknowledge the critical nature of early education or how society at large shares in the outcomes. Settlement houses began in the 19<sup>th</sup> century as a means of ensuring the safety of young children while their single mothers worked in menial jobs. These programs were often run by religious organizations, charities and, later, the government and were based on a moralistic attitude of "rescuing" children from their "bad" mothers. This established a stigma that still is attached to those receiving child care subsidies. The focus on the adults' behavior, rather than the good of the children, carries over into many current policies.

Higher education subsidies are acknowledged as a public good, leading to a general supportive attitude of the public toward scholarships and loan recipients. Loans and scholarships are based on accomplishments, costs and income, but most are only minimally dependent on the day-to-day behavior of the recipient. College funders may require maintenance of a basic level of student academic performance reported quarterly or semi-annually while states often monitor parents' work attendance and require records of children's daily attendance for child care subsidies.

The Minnesota Early Care and Education Financing Partnership developed a list of recommendations (Vast, 1998) using higher education as the model for conversion of their fragmented and under-funded early care and education system to make it a more responsive, accessible and affordable system. The group noted that financial aid for college benefits over half of all college students, including many families who would be ineligible for child care subsidies. Their first recommendation was to “explore methods of adapting key features of the higher education financial aid system through research and consultation with higher education financing and financial aid experts and to use demonstration projects to test models. Another recommendation was to develop strategies for increasing public and political awareness of early care and education as a “merit good,” which is how college is generally perceived. Besides higher education, other possible global comparison models that have been suggested are housing, health care and transportation (Stoney, 1998).

### ***National tax-based models***

*In France, it is as if someone asked, “How can we nurture children and make life easier for families?”*

*Candy J. Cooper, 1999*

#### ***France’s école maternelle***

France’s *école maternelle* is a working model of early education that offers a dramatic contrast to the United States system. Almost 100 percent of France’s three- through five-year-olds attend the *école maternelle*. Early childhood teachers in the publicly-funded French system have the same educational requirements (equivalent to a master’s degree in the U.S. and paid for by the government) and are paid on the same scale as elementary school teachers. The turnover rate is under ten percent per year and the teachers command public respect. Acceptance into the training programs is sought after and the training programs maintain high standards for the students they accept.

The national budget pays approximately \$5,500 per child per year. Parents pay a minimal tuition on a sliding scale. About 2.4 million children between two and five are served by the program. There is also a publicly funded system for younger children, although it is not universal. The *école maternelle* is supplemented by a generous national parental leave policy for infants. The French program enjoys strong support from the taxpayers. (Cooper, 1999).

The facilities are considered to be a vital part of the program – when a new school is built, an architectural contest is held. In keeping with the aesthetic of the French culture, cafeterias for preschoolers often look like miniature restaurants, complete with glassware and atmospheric lighting. Libraries are often better than American elementary school libraries. And painting classes for preschoolers produce beautiful artwork. France’s program is not perfect -- Americans generally do not wish to replicate, for example, the class sizes that tend to be in the mid-twenties for

preschoolers, considered too high by American quality standards. Overall, however, in contrast to the ambivalent and laissez-faire American system, the French system presents a challenge to Americans: Why do we not have a system to support young children and families?

#### *The United States Military Child Care System*

The United States actually provides tax-based subsidized child care that is high quality and programmatically coherent – through the U.S. military on 300 military bases around the world (National Research Council et al, 2000). It is now considered a model of a high quality system. The military child care system in 1989 had a high turnover rate, which was reduced considerably by 1993. One of the key changes was increase of staff salaries to be comparable with other jobs on military bases that require similar skills and education levels. In addition, they built in a career ladder that provided incentives for additional relevant education. Accreditation through the National Association for the Education of Young Children was also required and 98 percent of base centers are now accredited. Training and curriculum specialists were also added to the programs. Families pay on a sliding fee scale, but since the care is additionally subsidized through the military budget, they still pay about 25 percent less than nonmilitary families.

#### **Recommendation 4**

Expand family and community partnerships to create local, comprehensive, early care and education/family support systems that include health and mental health, nutrition, immunization, and family education and support.

#### ***Action Step 4A: Keep policy decisions close to children and families***

The mechanism for implementing these recommendations should involve local decision-makers to the extent possible, with state oversight and guidance. In *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America* (1992), Lisbeth Schorr sets out seven principles of effective programs, having extensively researched the characteristics, successes and failures of many social and education programs. Several of these principles seem particularly appropriate in summarizing the approach recommended by this report:

- Successful programs are comprehensive, flexible, responsive and persevering.
- Successful programs see children in the context of their families.
- Successful programs deal with families as parts of neighborhoods.
- Staffs of successful programs are trained and supported to provide high-quality, responsive services.
- Successful programs operate in settings that encourage practitioners to build strong relationships based on mutual trust and respect.

These principles restate in different language the concepts of an ecological approach. Programs imposed from outside of the community will not be successful until or

unless the program becomes part of the community. Program models must be flexible enough to be shaped by the community to "fit" its particular needs, people and institutions. This is not an instant process. It takes time for the program to become known and accepted and for relationships within the program and among relevant organizations to grow and be based on mutual trust. This is a strong plea for local "ownership" of programs and respect for those who deal with families directly.

### ***Massachusetts' locally-based models***

The Community Partnerships for Children and Massachusetts Family Network programs as well as School-Linked Services, Community Connections (Department of Social Services), the Community Health Networks (Department of Public Health), and several other programs administered by the Department of Education and several agencies under the Executive Office of Health and Human Services, all use a local community decision-making model. Several communities across the state have been funded through the Massachusetts Community Action Plan program (DOE/EOHHS) to develop community-wide collaborations of the many programs that take a preventative focus to family and child services and education and that have collaborative councils to guide the programs.

The capacity to administer and implement programs through local collaborations has been increasing with the growth of these programs. The models have been in place for a sufficient amount of time for the inherent strengths and weaknesses of the model to emerge, but coalitions and collaborations have also been in place long enough for many of them to have developed skills in dealing with problems. For instance, the local flexibility and broad goals of the Community Partnerships program allow the program to be shaped to fit local needs and resources. On the other hand, these characteristics also make accountability more complex on a statewide basis, since all families receive services that are more or less individualized, making counting "comparable units of service" across sites difficult.

CPC has been successful in developing local networks of programs, in improving the quality of programs and providing subsidies for many children who would not otherwise be eligible for assistance (the population of low-income working families that has the least access to high quality early education and care). The program is structured so that benefits can be extended beyond the core subsidized population of children and families. For example, accreditation by the National Association for the Education of Young Children has affected entire centers, so that participation in CPC has improved the quality of programs for many more children than just those receiving direct subsidies.

About 1500 out of the 2200 OCCS-licensed centers and public preschool and kindergartens participate in CPC, serving a total of 79,888 children. Fully-accredited centers (583 center or 38 percent of participating programs) serve 6,184 children subsidized by CPC, and 37,489 children all together. Another 42,399 children are in the 741 centers in self-study for accreditation or are awaiting validation. Entire centers must be accredited, so all ages served benefit from quality improvements. In addition, many of the centers that serve children in OCCS-contracted or voucher slots also participate in CPC and so must be accredited. OCCS-subsidized children, and Head Start children, also benefit from CPC from the accreditation-related materials and supplies, professional development and comprehensive services that are provided.

**Action Step 4B: Provide the flexibility to ensure that children and families can succeed**

Children and families often need more than an early care and education program. Screening for special education, supports for behavior problems, help for parents to continue their education. Looking at the needs of the family is required to allow all children to thrive.

An extensive review of the literature in several fields was conducted on behalf of the National Research Council and Institute of Medicine and reported in *From Neurons to Neighborhoods* (National Research Council et al, 2000). One of their major concerns was about the relationships in children's lives – both those with parents and with outside caregivers. They found that children are being harmed by an inattention to the mental health of their parents, substance abuse in the home and being witness to recurrent violence. They recommend more access to professional expertise in these areas through early childhood and family support programs. Although these may be expensive in the short term, the long term social and financial cost of these problems is far more expensive. Environmental threats to children and pregnant and lactating women, starting in the prenatal stage, include poor nutrition, drug exposure and abuse and neglect. One effect of these types of problems is chronic stress that can hamper development throughout childhood.

There seems to be a growing phenomenon of behaviorally disturbed children who are "expelled" from program after program, even at the young age of three. This trend has been noted by Head Start, private providers and public schools. Programs do not have the resources to deal with the very aggressive, difficult behavior of these children and, of course, each move may exacerbate the behavior. A *Boston Globe* article (Most, 11/5/2000) noted that the emotional unavailability of primary caregivers and the experience of abuse are universal in the life histories of children who are very aggressive. Early childhood programs may provide a non-threatening point of outreach to such families and play a role in providing intervention. This intervention can come through the provision of comprehensive services as an integral part of their early care and education program or through a family support program. Comprehensive early care and education in combination with family support has proven to be effective in preventing and intervening in the emotional development of young children (Knitzer, 2000). This capacity does not currently exist in most programs but the need is clear. This is a particularly acute problem in that there is essentially no existing mental health *system* for young children.

**Examples: Office for Child Care Services programs**

OCCS and the Division of Medical Assistance have been working together to strengthen and develop coordinated mental health services on-site at supportive child care programs in Massachusetts since January, 2000. Now OCCS is funding the development of pilot models. One model uses the creativity of the mental health and child care providers to identify and hire a clinician who would be housed at both the child care program and the clinic. The clinician will bill for mental health services that meet the direct care requirements of the clinic. OCCS will support the clinical consultation services at the child care program. Therapy for children and families will be provided at the child care center and the therapist will be able to consult with the child care staff about how to meet the mental health needs of the family.



The OCCS Teen/Parent Child Care program also includes family support components in addition to child care. These components include parenting education, nutrition education, family planning, mental health services and life skills training.

***Example: Services provided by Community Partnerships for Children***

Intake and outreach for the Community Partnerships for Children programs are conducted locally, so that additional services needed by individual programs and families may be arranged. Local collaborations have decreased the fragmentation in local systems. Some sources of fragmentation have been the mixture of public (state and federal) and private programs and subsidies being available through several different funding sources with different eligibility criteria.

Community Partnerships for Children is designed to encourage communities to provide children and families with the support they need. The following description is how one CPC program is applying the research on child development and family support to help programs and families with children who have emotional/social and behavioral problems (Lowell Public Schools booklet, 2000):

*The Lowell Community Partnerships for Children program sponsors a multi-disciplinary, interagency program called Children's Support Services that:*

- ✓ *consults with early childhood programs to help them meet the needs of young children with social/emotional/behavioral difficulties;*
- ✓ *provides services: parent training and consultation from specialists, resource and referral information and advocacy services.*
- ✓ *assists programs to develop interventions, identify community services and resources to support children's and families' emotional well-being;*
- ✓ *monitors preschool-age children receiving mental health/behavioral support services;*
- ✓ *provides resource and referral and case management to programs;*
- ✓ *maintains up-to-date information about the available, accessible and affordable mental health and family support services around Lowell.*

*Examples of the services that early care and education programs can access through Children's Support Services are:*

- ✓ *Staff support: consultation, training, and technical assistance from early childhood, health and mental health specialists, case management, observations and feedback on individual children, assistance in modifying the classroom environment.*
- ✓ *Training for staff: in behavior management, successful transitions, children and aggression, children and trauma, attachment.*
- ✓ *Behavioral teaching assistants: to reduce staff/child ratios, support inclusion and promote safety.*

The Community Partnerships for Children and Massachusetts Family Network programs have created models for quality enhancements, professional development, local infrastructure and expanding capacity through facility renovation or construction. More family support and comprehensive services could be provided through expansion of the Massachusetts Family Network, in coordination with other



existing home visiting, family literacy and family support programs. Initiatives to address staff compensation and retention could also be managed through the Community Partnerships program.

### ***Summary of Costs***

Chart K on the following pages summarize the costs of several components described in the Recommendations section of this report.

## Chart K: Summary of Cost of Proposed Components

### Part 1: Family Support/Family Literacy

#### *Massachusetts Family Network*

Number of children birth to four:	325,694
Less number served by other programs:	307,694
Remainder times 10%:	30,769
Current funding for MFN:	\$ 6.4 million
30,769 times \$350/new child	\$10.8 million
<i>Total needed to serve 10% of population</i>	<i>\$17.2 million</i>

#### *Parent-Child Home Program*

PCHP current funding:	\$ 3 million
Cost to expand existing programs and to create eight to ten new programs in FY 02	\$ 1.8 million
Cost to expand over subsequent 9 years	\$18 million
<i>Total needed to serve most of eligible families:</i>	<i>\$19.8 million</i>

### Part 2: Full Day Kindergarten

Funding for a *Quality Full-Day Kindergarten Grant* or *Transition Planning for Full-Day Kindergarten Grant* is \$18,000 per classrooms. There are approximately 1073 classrooms still needing to be established in order to have full-day kindergarten across the state.

Current funding - 1704 classrooms (9/2001):	\$28 million
Funding needed - 1073 new classrooms:	\$19.3 million
Capital funding needed:	currently unknown

### Part 3: Salary Enhancement

Education Level	Number	Bonus amount	Estimated cost
High school/ Some college	13,169	\$375-\$750	\$ 8,804,500
Child Development Assoc.	3,013	\$500-\$1000	\$ 2,794,454
Associates degree	4,339	\$1000-\$2000	\$ 8,078,887
Bachelors degree in educa- tion/e.c.e.	5,339	\$2000-\$4000	\$ 19,700,684
Bachelors in other	1956	\$1250-\$2500	\$ 4,521,400
Masters degree in educa- tion/e.c.e.	1407	\$3000-6000	\$ 7,919,419
Masters in other	187	\$1250-2500	\$ 475,086
Advanced in e.c.e.	194	\$3000-6000	\$ 1,110,755
<b>Totals</b>	<b>29,604</b>		<b>\$53,405,185</b>

**Part 4: Cost estimates of needed subsidies for children birth to five.** The cost to the state are based on the current sliding fee scale, which does not adequately meet the needs of families earning over 75% of SMI. Further adjustments (more cost to the state) should be factored in to provide a more effective assistance to parents in need.

<b>Infant and toddlers</b>	<b># of children needing care</b>	<b>Estimated additional children 0-3 needing care fee scale)</b>	<b>Per child cost to state (based on current sliding fee scale)</b>	<b>Cost to parent</b>	<b>Estimated cost to state (\$9,000 minus parent contribution using sliding fee scale)</b>	<b>Estimated additional capital costs</b>
Cost of slots IT up to 50% SMI	16,400		\$7,310	\$1,690	\$119,884,000	\$68,880,000
Cost of slots IT up to 75% SMI	21,725	5,325	\$4,710	\$4,290	\$25,080,750	\$22,365,000
Cost of slots IT up to 100% SMI	27,049	5,325	\$2,240	\$6,760	\$11,928,000	\$22,365,000
Cost of slots IT up to 125% SMI	32,375	5,325	\$2,240	\$6,670	\$11,928,000	\$22,365,000
		<b>Total</b>			<b>\$168,820,750</b>	<b>\$135,975,000</b>

<b>Preschoolers</b>	<b># of children who need care</b>	<b>Estimated additional pre-k children needing care</b>	<b>Per child cost to state (based on current sliding fee scale)</b>	<b>Cost to parent</b>	<b>Estimated cost to state (\$6,000 minus parent contribution using sliding fee scale )</b>	<b>Estimated additional capital costs</b>
Cost of slots PS up to 50% SMI	11,652		\$4,310	\$1,690	\$50,220,120	\$48,938,000
Cost of slots PS up to 75% SMI	16,813	5,161	\$1,710	\$4,290	\$8,825,310	\$21,676,200
Cost of slots PS up to 100% SMI	26,848	10,035	\$500	\$5,500	\$5,017,500	\$42,147,000
Cost of slots PS up to 125% SMI	38,624	11,776	\$500	\$5,500	\$5,888,000	\$49,459,200
		<b>Total</b>			<b>\$69,950,930</b>	<b>162,220,800</b>

## CONCLUSION

If all children in Massachusetts had access to affordable, high-quality early care and education programs, schools would have fewer children needing special education, the drop out rate would decrease and children would be more successful in school.

The recognition of the value of healthy child development, family support and high quality early care and education has grown far beyond the early care and education field. High quality care for babies and young children is a joint effort of parents, grandparents, extended family, friends, nannies, teachers in early childhood centers, Head Start programs, family child care homes, in private or public preschools and kindergartens in conjunction with the wider community which provides a broader context. The earliest years are fundamental to the future of each individual. With society being the sum of individuals, ensuring the healthy development of all children through supporting parents, building the quality of early care and education caregivers and programs, and ensuring access to physical and mental health services, helps secure the future for all of us.

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## *APPENDIX A*

### *Definitions of Terms*

- **Early care and education** is a broad term that refers to all of the kinds of programs listed below. The term includes a variety of settings that educate and care for young children and implies a system of programs that provide choice for parents. The term implies a recognition that much of what young children learn cannot be separated from the relationships they have with caregivers and the basic routines that make up their lives. Effective early care and education can prevent future problems and be an effective intervention for children with disabilities or at risk of having learning problems.
- **Child care** refers to organized care for children whether before they are old enough to enter school or before or after the school day. Child care programs most frequently operate on a full work day, full-year schedule. The programs are usually privately owned and may be non-profit or for-profit. Child care programs originated in the day nursery movement during the 19<sup>th</sup> Century. The intent of that movement was to provide a safe environment for children of single mothers who had to enter the work force. As the 20<sup>th</sup> Century progressed, the curriculum and expectations for child care programs progressed also. Child care came to mean more than custodial care and became a professional field. Child care programs typically implement child-centered curriculum similar to Head Start and preschool/nursery school. Child care programs are licensed by the Office of Child Care Services (OCCS). All licensed child care facilities must include children with special needs. "Child care" is used interchangeably with "early care and education" in this report.
- **Early Intervention Programs** are administered by the Department of Public Health is the name of the birth-to-three section of the Individuals with Disabilities Education Act (IDEA). The programs provide services designed to intervene in the development of children with or at risk of developing disabilities.
- **Family child care** is provided by a person who has a license from OCCS to care for children in the home. It provides a more intimate setting than a center-based program. Family child care is often the choice of parents with infants and toddlers because it is a more homelike setting, with one consistent caregiver.
- **Head Start** is a preschool model created in the 1960's as an anti-poverty program with the goal of giving children growing up in poverty an equal start with children from middle-class homes who attended nursery school and/or had other benefits. The program is primarily federally funded, includes comprehensive services (nutrition, health and social services) and intensive parent involvement in combination with a child-centered curriculum. Head Start is administered by the regional office of the Administration for Children and Families (ACF). Ninety percent of the children in the programs must have parents earning less than the federal poverty level, and must include children with special needs. Programs are licensed by OCCS.
- **Early Head Start**, also administered by ACF, is a program for infants and toddlers. Currently, the program is only available in a few sites in Massachusetts because of very limited funding. It is intended to provide care for the youngest children, under the same eligibility criteria as Head Start.

- **Infant/toddler care** refers to programs for children under the age of three years. "Infants" are children up to about one year. Infants may be placed in licensed care as young as two months. "Toddlers" range in age from 1 year until 2.9 to 3 years, at which time they would generally move into a preschool program. This report defines children under age three as infants or toddlers.
- **Nursery schools** are usually half-day programs that operate during the school year and may offer separate "summer camp" programs, typically for preschool-age children. In the past they were considered enrichment or socialization programs for children before they entered kindergarten. Religious organizations and private providers run most nursery school programs and they are licensed by OCCS.
- **Preschool** refers most broadly to programs that serve children from about age 2 years, 9 months until they are eligible to enter kindergarten. It is sometimes used interchangeably with the terms nursery school or prekindergarten. Public schools have increasingly provided some preschool classrooms with the state and federal mandate to serve young children with disabilities and children at-risk of school failure. In this report, for clarity, children between the ages of three and five are categorized as preschool-age children, even though actual programs include children starting a little younger and include some five year olds who are not yet eligible for kindergarten.
- **School-age care** refers to programs for children before and after the regular school day, starting in kindergarten. Programs may be located in private centers or in public schools. The programs in the public schools may be either run by the school or contracted out to a private program. School-age children are typically between five and twelve years old. Privately run programs must be licensed by OCCS. Publicly run public school programs must register with the Department of Education.
- **Family support** includes home visiting, parenting education, family literacy, health and developmental screening, support groups and playgroups and other services that support parents. Family support is an integral part of comprehensive early care and education. Programs that support families generally start with prenatal care in order to realize the full benefits of prevention and intervention. There are several home visiting and family support programs administered by the same agencies that administer early care and education programs.

**APPENDIX B**  
**MODELS FOR PREKINDERGARTEN, SALARY ENHANCEMENT AND CAREER**  
**DEVELOPMENT, FACILITIES DEVELOPMENT AND FAMILY SUPPORT**

The Recommendations section of this report lists a number of action steps that refer to models from other countries or states. In this appendix, these models are described. The purpose of this section is to provide information about what other states are doing in given areas and to suggest possible models that could be adapted for use in Massachusetts. These topics are:

- Part 1: National prekindergarten models*
- Part 2: Models for facility expansion and improvements*
- Part 3: Models of family support*
- Part 4: Overview of family support programs in Massachusetts and other national models*
- Part 5: Models of salary enhancement and career development*

**Part 1: National prekindergarten models**

The most common response in the quest for school readiness has been for state governments to fund preschool programs, an investment of almost \$1.7 billion in FY 99. In FY 99, forty-two states were funding a preschool program (Shulman, Blank and Ewen, 1999). Program models and levels of funding vary widely.

Anne Mitchell (United Way of MA Bay, undated) states that the best state preschool programs:

- are universal/make all children eligible;
- use all available resources for early care and education – include public schools, Head Start and child care; and
- are funded at a per-child level that is sufficient to provide a high quality program.

*California's* prekindergarten program was the first in the country, having been started in 1942. Recently a large new investment in early childhood education and health was approved through a ballot initiative, Proposition 10. The new program is funded by a tobacco tax. Funds support county-based collaboratives that provide prekindergarten, salary enhancements, home visits, health care, crisis intervention, prenatal prevention of tobacco and substance abuse, and other components. The program serves 100,000 children in both half-day, school-year and full-day, full-year programs.

*Georgia* has a universal model for four year olds, although research suggests that two or more years in a program leads to better long-term results. The program is offered through the public schools, child care centers and Head Start and funded through the state lottery. Georgia Governors Zell Miller and Roy Barnes have both been strong supporters of this program and early literacy. A book is given to every child who participates in the program.

*Illinois* funds a preschool program that includes family support and includes children with special needs. The program started in 1985 with \$12 million. The program received \$180 million in FY 2001 through a block grant program.

*Massachusetts'* model is called Community Partnerships for Children. The overall goal of the program is to make high quality preschool programs available and affordable for all. The program provides a basic structure and five objectives for communities and groups of communities to achieve. A community partnership council conducts a needs assessment, develops a plan to expand and improve existing local programs and develops policies for the local program. A lead agency, which can be the public schools, a Head Start program or a licensed child care center, manages the fiscal aspects of the program and is responsible for monitoring implementation. The program served 20,645 children in FY '00, with funding of \$93.1 million and is largely responsible for Massachusetts being first in the nation in the number of accredited centers. See Appendix D for more information.

*North Carolina's* Smart Start has large, collaborative governing councils that are countywide and that are incorporated as non-profit agencies to administer funds. The program funds early care and education, parent education, quality enhancements and health screening.

*New York* initiated the Universal Prekindergarten Program (UPK) in 1997 and now serves 53,000 children with \$225 million. By 2002, the program is supposed to be universal for four year olds, with \$500 million in funding. The purpose is to foster school readiness and continuity for children. They define school readiness in terms of indicators of child well-being. The program is based on the ecological approach, working with the child and the context – the family, the school and the community. Although it is a half-day program, children often attend full-day private programs that incorporate it into a full day for the child. The legislation required at least 10 percent of funds to go to community programs. In fact, 60 percent goes to non-public-school providers. The program also requires that Department of Education certified teachers teach in all programs.



## Part 2: Models for Facility Expansion or Improvements

*Arkansas'* Division of Child Care and Early Childhood Education and the Arkansas Economic Development Commission (AEDC) have a working partnership to assist in developing quality child care programs. The Division provides pre-application review for AEDC and provides funding for construction or renovation of child care facility projects serving a majority of low to moderate-income children.

*Connecticut* has appropriated money to support lowering the debt owed by providers on revenue bonds for new facilities. Early education providers building new facilities are responsible for just 20 percent of the debt, spread out over 30 years. The Connecticut program was based on the Child Care Capital Investment Fund (CCCIF) in Massachusetts, but funding has been expanded by the state. The project plans to fund between 25 and 37 projects in the next five years. The CCCIF in Connecticut provides the following:

- Builds capacity in early care and education community, schools, finance and opinion leaders to raise public awareness of the impact of facilities on quality and supply.
- Technical assistance to help providers plan and complete facilities improvement projects.
- Capital, through no- or low-cost, high-risk debt capital to finance expansion and quality improvement investments.

In *Massachusetts*, Community Partnerships for Children councils can propose using grant funds for projects to increase the quality and capacity of early care and education space, based on demonstrated need and according to guidelines. Applicants file project-specific applications to the Massachusetts Department of Education, which then works closely with the Child Care Capital Investment Fund to review applications to ensure the funded projects are feasible and cost effective. The purpose of the Child Care Capital Investment Fund (FUND) is to help non-profit child care providers in Massachusetts expand or improve their physical space through loan financing and technical assistance. The fund also administers several pools of grant funding that can be used alone or together with a FUND loan.

Assistance for facility development could include investing in the FUND to lower interest rates for providers and increasing the allocation of Community Partnerships for Children grant monies to be used specifically for facility development.

### Part 3: Models of Family Support

*Colorado* has built the Colorado Family Resource Network (CFRN), a statewide membership organization to improve the capacity of its members to support and strengthen families. Family support efforts include: 21 Family Centers, and shopping malls in 14 counties with populations at risk for poor family health and success; family support training for frontline workers, program administrators, and community representatives in family-centered service delivery and parent leadership activities. In addition, an interagency committee known as the Inter-Agency Prevention Council (IAPC) successfully initiated efforts for a statewide public report card. The report card helps develop outcomes for the state's multiple health, education, and human services systems and fosters consensus in the planning of future efforts.

*Connecticut's* various family support efforts include 15 Parent Education and Support Centers and 60 family support centers in schools. These programs, funded by \$11 million, provide support for families through preschool care, school-age care, home visiting for expectant parents, adult education, training for day care providers, recreational and educational services, and information and referral services. In addition the state has developed a Parent Leadership Training Institute which provides democracy and leadership training to thousands of parents; Family Support Training and Credentialing\* Program (also based on the Cornell model) and several family support networks, which are being unified into a consolidated network.

*Georgia's* Policy Council for Children and Families, a collaboration at the state level, works to improve results for children and families. This nineteen-member council works with local collaboratives, called Community Partnerships, to promote a coordinated service delivery system. The 148 Family Connection sites forming a statewide network of services to support families. The state's family support efforts include: 114 family support programs; the Starting Points Initiative, a statewide program that provides a variety of services for families with young children, such as infant screenings and healthy development tracking of children ages zero to three, and a Family Connection Peer Network that connects local programs to share information, funding strategies, advocacy efforts, and delivery of services.

*Massachusetts* funds a universal family support program called the Massachusetts Family Network. The program, funded by \$6.4 million, is based on a collaborative model, forming a coalition to plan programs and ensure that available resources are incorporated into the model. Programs provide child development information, home visits, developmental screening, adult education, parent education and support groups, play groups, referrals to other services, literacy activities and family and community events. See Part 4 below for more information on family support programs in Massachusetts and Appendix E for more information on MFN.

In *Michigan* representatives from state agencies, local collaboratives, state trusts, private agencies, parents, and other community members work together on a state-wide basis to promote family-centered practice at the local and state levels and to coordinate the state's family support efforts. These efforts include: Family support centers serving 38,000 families statewide with \$5.3 million in funding through federal, state, and private funds and the Michigan Children's Trust Fund. Michigan has also developed promotional indicators for use in planning and assessment. Like others, this state has focused on collaboration and created 83 Multi-Purpose Collaborative Bodies (MPCBs), in each county who are responsible for mobilizing re-sources for services to children and families.

*Minnesota* has developed several innovative policies and programs for family support. The state has a Children's Cabinet, made up of directors from 11 agencies. The state's family support efforts include: 425 Early Childhood Family Education programs that cover 99 percent of the state (located in each school district, serving nearly 305,000 children and families every year, and funded by state funds of \$21 million dollars as well as a local tax levy of \$18 million); 13 family support centers (developed by local collaboratives throughout the state) and an extensive training system for programs.

*New York* has created a statewide family support network. Four participating organizations — the Council on Children and Families, Family Resource Coalition of New York, New York Association of Family Service Agencies, and the Family Development Association of New York — which represent state agencies, community-based organizations, family support workers, family support centers, and parents. The state is divided into 10 regions that will receive funds to stimulate family support activities, build public will, increase the number of family support centers, and promote family engagement. The Council on Children and Families ensures the coordination of 13 state health, education, and human services agencies. State efforts include 17 family support centers funded through state and federal dollars, which currently serve 3,100 families in poverty, under stress, on welfare, and in need of early childhood services; and the Family Development Training and Credentialing\* program which has offered family support training to more than 2,000 family support workers and parents statewide.

*Washington* has a Family Policy Council, a collaboration of state-level policy-makers and family support providers who work to align public policy and the delivery of services with the principles of family support practice. The state's various family support efforts include: 28 family support centers; 90 family support programs funded through the local government, tax-level programs; the Family Resource Coalition of Washington, a network that supports family support program development, training, and information. The state FRC is also implementing the Family Development Training and Credentialing\* program. Washington has depended on local resources, such as Seattle's Family and Education Levy, to develop family support programs.

*West Virginia* Governor's Cabinet on Children and Families has initiated a working group comprised of representatives from seven state agencies, the state legislature, the Governor's office, local agencies, community leaders, parents, and other consumers of services who work to plan, mobilize, coordinate, and evaluate initiatives and services for children and families. The state's family support efforts include: 45 Family Resource Networks (FRNs), which are county-based collaboratives that bring together business, religious, and civic leaders, service providers, and consumers to facilitate the coordination of an array of local services for children and families. These networks have created 18 Starting Points family support centers funded through state, federal, and private sources and administered through local collaboratives.

- \* This program, developed by Cornell University for the New York Department of State, is nationally recognized and being replicated by several other states. The Massachusetts Children's Trust Fund has initiated an effort to replicate this program in Massachusetts, and is working with the Department of Education and other state agencies to do so.

*Source of information: Report on the Family Support America States Initiative (2000)*

#### ***Part 4: Local and national models of family support: Parents as Teachers and HIPPY***

As an alternative to the state-funded Parent-Child Home Program, several Massachusetts communities are replicating other national models of home-based parent education/family literacy, either alone or as part of a Massachusetts Family Network or other family support program.

*Parents As Teachers (PAT)* provides home-based parent education and family support. The model consists of home visits by trained parent educators, group meetings for parents, developmental screening and referrals to other resources. The program focuses on: providing information on child development, prenatal through age five; parent involvement in parent-child activities that encourage language development and intellectual growth; improving social development and motor skills and strengthening parent-child relationships. This nationally-recognized program was developed in Missouri in 1985 and has been implemented in more than 2,500 sites in 49 states and in several other countries.

*HIPPY (Home Instruction Program for Preschool Youth)* is home-based early intervention program that helps parents provide educational enrichment for their preschool children. The HIPPY program builds on the basic bond between parents and their children. Supported by easy-to-use activity packets and storybooks, home visits, and group meetings, HIPPY parents learn how to prepare their children for success in school and beyond. During each of their children's third, fourth and fifth years, parents receive a progressive series of thirty weekly packets of activities. Through role-playing with paraprofessionals, parents practice these activities before introducing them to their children. Every other week they attend group meetings with other parents and HIPPY staff.

#### ***Massachusetts Trial Court Child Care Project***

Although this is a child care service, its primary function is to support families. The program provides high quality drop-in child care and support services to court-involved families while they are conducting court business. These centers improve the administration of justice by reducing child-related disruptions and delays, protecting the physical and emotional safety of young children in the court and supporting families. Informally, parents and guardians are offered outreach, support, parenting and child development information. Formally, administrators and social workers connect families with needed social services.

Court child care centers currently operate in Springfield, Cambridge, Lawrence, Boston, Roxbury, West Roxbury, Dorchester and Fall River. Centers in Chelsea and Brockton are opening this fiscal year (2001) and centers are planned for Plymouth and Worcester. The project is a collaboration between the court system, the Office of Child Care Services, the Department of Social Services, the Department of Education, social service and criminal justice agencies, higher education and the Bar. In FY 2000, a total of 13,563 children visited the centers (a few of the centers were open only part of the year). Of these children, 19 percent were infants, 23 percent were toddlers, 35 percent were preschoolers, and 23 percent were school age.



## Part 5: Models of Salary Enhancement and Career Development

*California CARES:* This bill, just signed recently, will provide \$15 million to retain qualified child care staff in state-subsidized centers by offering stipends from \$500 to \$3,500. *San Francisco CARES*, the first version of the program that was implemented, provides stipends from \$500 to \$5000 per person depending on educational level and position, with an additional \$500 for graduate degrees or fluency in a non-English language that is used on the job. The purpose is to encourage child care teachers to stay in the field and to further their education.

*Massachusetts' Advancing the Field* is a three-year, \$3.2 million program to develop career paths in early care and education. It is designed to address the issue of teacher preparation, a current challenge in the field. Established in July of 1998 by the Department of Education in collaboration with the Office of Child Care Services, the program involves 12 sites and two technical assistance agencies. More than 400 students statewide are working on their Associate's or Bachelor's degrees. The Advancing the Field program provides financial assistance, mentoring, tutoring, and other supportive services, such as finding affordable child care for participants. Institutions of higher education are collaborating with each other and other community agencies to develop articulation agreements that recognize prior learning. Salary enhancements would strengthen the program by rewarding teachers with increased qualifications.

*Massachusetts Head Start Salary Enhancement Grant:* Since 1990, Massachusetts has supported salary enhancement with \$5.1 million annually for Head Start staff. Relatively small supplements go to all Head Start staff, raising their hourly salaries to slightly above the average child care salaries. In the initial years of the program, this lowered staff turnover considerably in contrast to national rates. However, since funding has been static for many years, the effect has largely worn off as child care wages have caught up with the enhanced Head Start salaries.

*Massachusetts Office for Child Care Services* has developed and committed \$25 million (in FY 01) to a tiered reimbursement system that is designed to improve child care curriculum, particularly in the area of literacy. In addition, there are three other options that allows providers to increase their reimbursement rates. The overall purpose is to support staff development in an area that is hoped to have a direct impact on children's learning and to allow career ladders and salary enhancements to be put in place to help retain qualified staff.

*North Carolina TEACH and WAGE\$ Models:* These models provide educational scholarships for people working in the early education and care field, encourage child care programs to support continuing education of their staff, provide increased compensation linked to educational attainment and job stability, provide a sequential professional development path for the early care and education field, and improve the quality of care for children. All participants receive a salary increase through a raise or bonus after completing increments of course work. The program has reduced turnover from 32 percent to 10 percent. There is also a health insurance option attached to the program. The model is being replicated in Illinois, Florida, New York, Pennsylvania, Colorado, Indiana and Georgia.



*Rhode Island's RiteCare Health Insurance* provides insurance for child care center staff whose programs serve state-subsidized children. The coverage is provided through the state's program for the uninsured. The program reimburses 50% of the premium costs to centers (Mitchell, Stoney and Dichter, 2000).

*Wisconsin Quality Improvement and Staff Retention Grants* distribute about \$4 million for an expanded TEACH model to improve education and retention in infant and toddler programs and is now expanding to preschool.

## APPENDIX C:

### *Updates on the Early Education and Care System in Massachusetts*

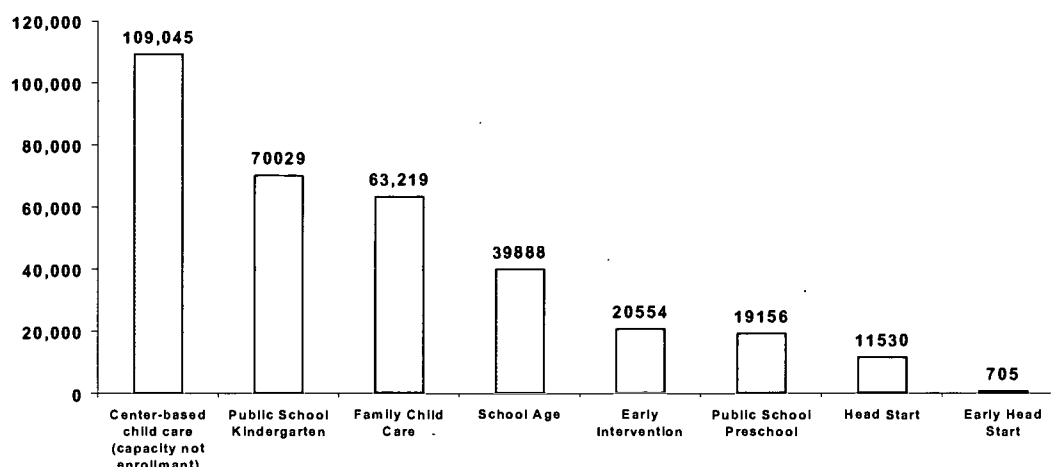
The age range covered in these charts begins at birth and includes all early education and care programs except public Grades 1 - 12. School age care, before and after school programs for children age 5 through 12, is included.

**Where are children served?** Private child care centers again served the largest number of children, followed by public school kindergarten programs (Chart 1). Public school kindergarten programs must provide 425 hours of instruction, but there are a growing number of full-school-day programs, largely due to a state grant that has become available to support the transition and the ongoing quality of full day programs. In 1999, 84 districts offered full day programs; in 2001, approximately 103 will offer full day programs.

Family child care providers offer programs to children of different ages in their own homes. On average, a family child care provider is able to serve six children, with no more than two children being under the age of two. It appears that the number of children in family child care has decreased by about 8000 children since 1999. The number of children in school age programs appears to have increased by a few thousand, Early Intervention, public school preschool programs and Head Start have stayed roughly the same. Early Head Start serves 705 children. The number was not reported in 1999.

**Chart 1**

**Capacity of the system to serve children**

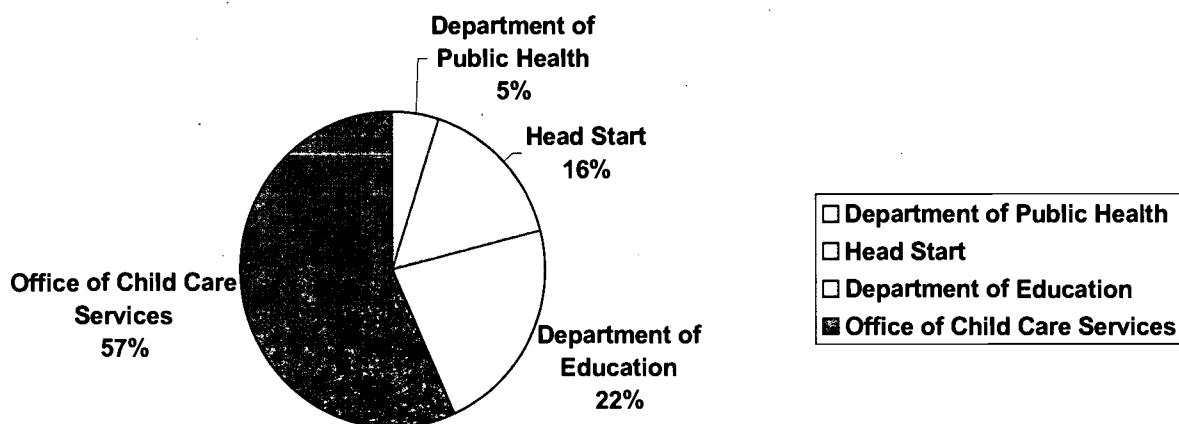


Source: OCCS Licensing Records, 2000

**Who funds early education and care?** Parents are the primary funding source for early education and care, providing about 65 percent of the total funds spent. Federal and state programs are administered through four agencies: the Administration for Children and Families (federal Head Start and child care subsidies); the Department of Education (early childhood special education and Community Partnerships for Children, Head Start expansion and salary enhancement grants, Title I); Department of Public Health (Early Intervention); and the Office of Child Care Services (income-eligible vouchers and contracts; transitional assistance, child protective child care and teen parent care). The total amount of state and federal funding administered by these agencies is \$634.4 million, up \$151.4 million since 1999.

**Chart 2**

**Public investments in early care and education**

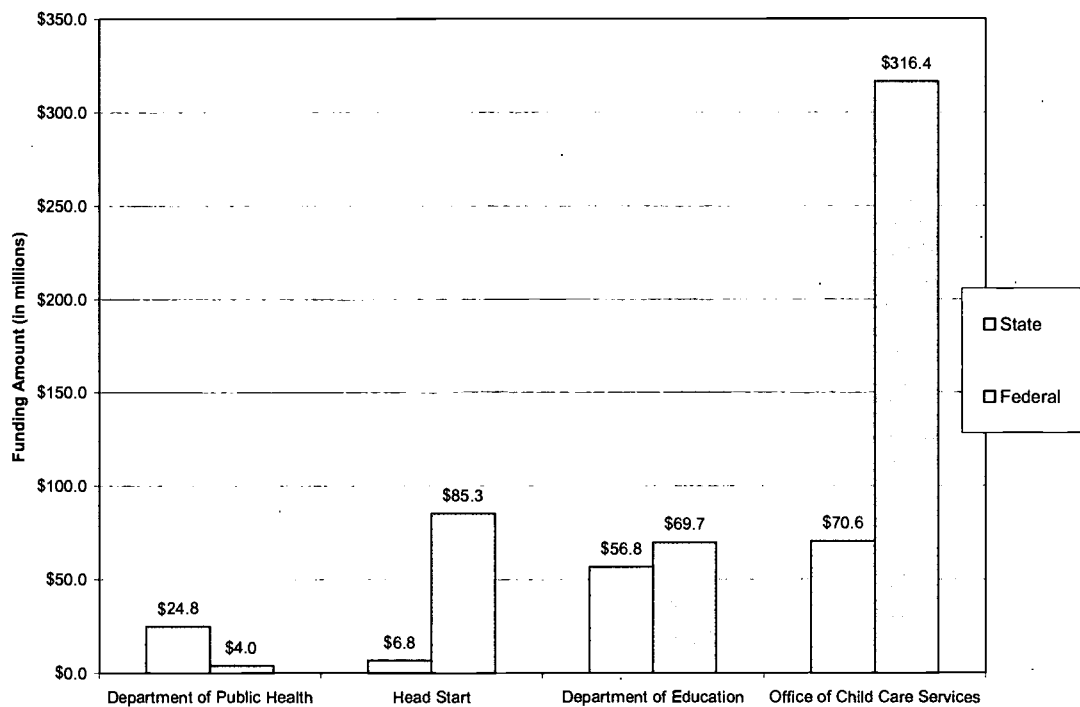


Source: Budgets as reported by DPH, HS (ACF), DOE, OCCS

**State and federal contributions to early education and care:** Of the \$634.4 million now invested in the Massachusetts early education and care system, 74.6 percent (\$475.4 million) comes from federal dollars, in contrast to 63 percent in 1999. State dollars invested in the system total \$159 million or 25 percent, down from 37 percent in 1999. The reason for the shift is primarily the shift in funding of 45 percent of the Community Partnership for Children program from state to federal TANF funds. The Department of Public Health is primarily funded by state funds, while the Administration for Children and Families (Head Start) and the Office for Child Care Services are both largely funded by federal funds.

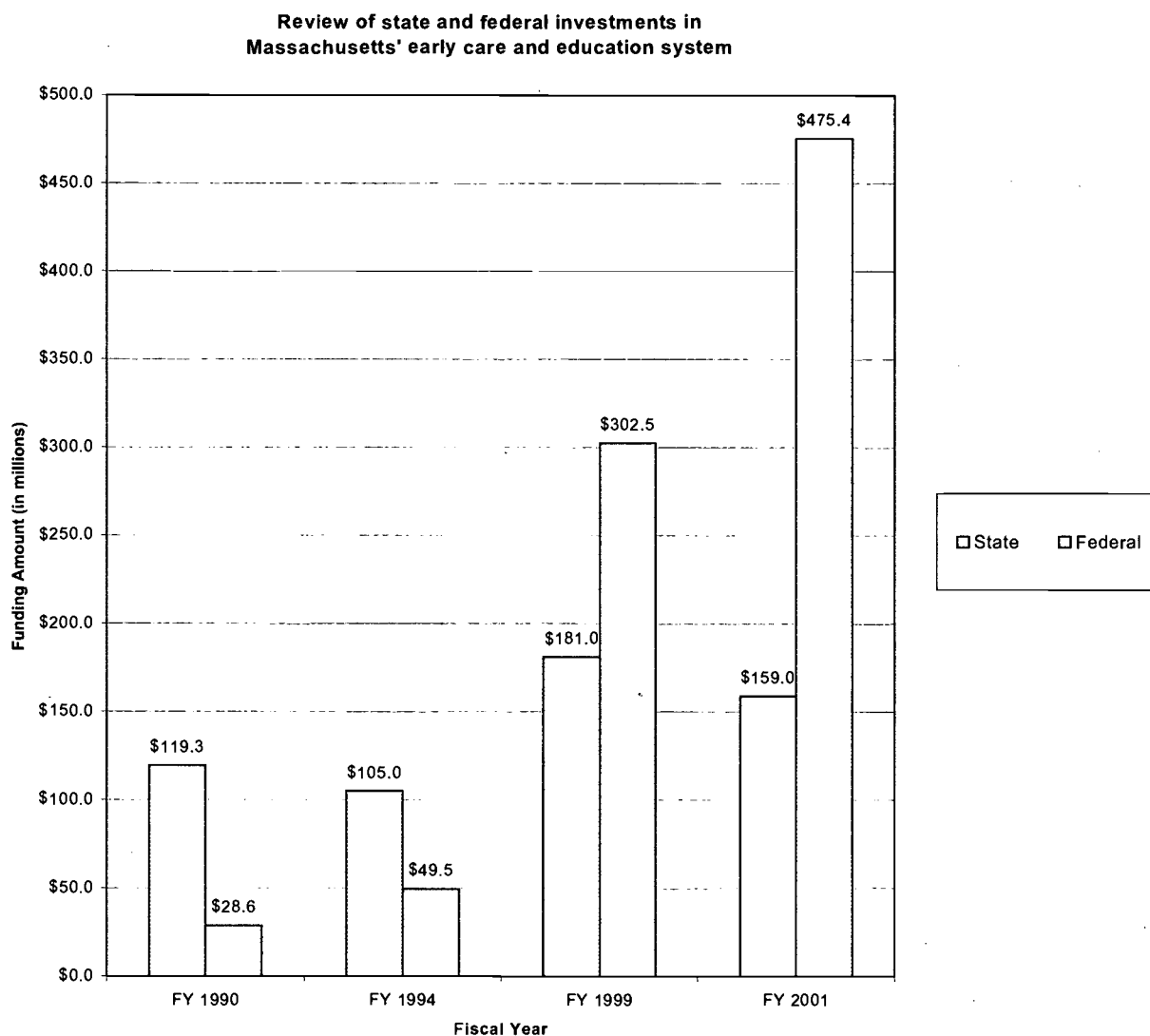
**Chart 3**

**State and Federal Investments in Early Care and Education**



**Changes in state and federal investment over time:** Both state and federal governments have recognized the importance of supporting families with young children. Funding has increased by 429% percent since 1990, from \$147.9 in FY 90 to \$634.4 in FY 01. The state investment has increased by about 34% since FY 90 and the federal investment by about 1650% since FY 90. While the amount of federal funds has increased dramatically over the last eleven years, a large portion of this increase is tied to the use of Transitional Assistance to Needy Families (TANF) funds to support child care. These funds are tied to TANF recipients and other income-eligible families.

**Chart 4**



**Supply, demand and capacity:** The following table illustrates the differences in the markets for infant/toddler care, preschool and school-age care and the capacity for each age group compared with the subsidies available for each age group. Infants and toddlers are placed more frequently in family child care and in group care. Tuition paid by parents makes up three-quarters of the infant/toddler market. The majority of preschoolers participate in group care (private centers, public school preschools and Head Start). School-age children are primarily in center-based care in community centers and public schools, although these are sometimes subcontracted to private concerns. Capacity and availability is greatest for preschool-aged children, which is also the group for which there are the most subsidies.

**Chart 5: Subsidized Early Education and Care in Massachusetts: FY 2001**

Age	Popula- tion <sup>3</sup>	Capacity <sup>4</sup> (% of popu- lation)	DOE: CPC	OCCS: Income Eligible Vouchers <sup>5</sup>	OCCS: Income Eligible Slots <sup>3</sup>	ACF: Head Start slots	% of market that is subsi- dized <sup>6</sup>	OCCS: In- home or relative care (ICC)
<b>Infants &amp; toddlers (to age 3)</b>	243,133	37,373 (15%)	--	11,495	4,034	705	43%	2,812
<b>Preschool (3 to 5)</b>	242,045	122,473 (50%)	20,780	15,340	8,570	11,530	46%	2,517
<b>School- age (5-12)</b>	609,099	50,508 (8%)	--	20,344	5,484	--	51%	5,970

<sup>3</sup> Population figures are based on DPH birth records.

<sup>4</sup> Capacity as a percentage of population will change once census figures are updated.

<sup>5</sup> Significant changes between this year's data and two years ago reflects average children served (1999, OCCS report) versus actual number of children served in FY 00.

<sup>6</sup> See footnote 3.



**Chart 6: A summary of early care and education programs by agency**

<b>Agency</b>	<b>Program</b>	<b>Funding</b>	<b>Ages</b>	<b># Served</b>	<b>Target/Eligibility</b>
<b>Department of Education</b>	Community Partnerships for Children	\$104 million	2.9-K eligible	20,780 children	1) Working families – 125% SMI; 2) At-risk families/ children – 50% of SMI or other risk factors; 3) low income districts/families
	Early Childhood Special Education	\$9.8 million	3-5 years	8,000 children	3-5 year olds with an identified disability
	Head Start Supplemental Salary grant	\$4.9 million		31 Head Start grantees	Staff working in Head Start
	Head Start Expansion grant	\$1.9 million		450 children	Head Start eligibility (fed. poverty level) or disability
	Even Start	\$2.5 million	0-7 years	250 families	Low income families who are illiterate, unemployed, limited- English proficiency or have other need related indicators
	Title 1	\$10.9 million	Mostly 4 year olds	5,475 children	Residence in Title 1 school area
<b>Office of Child Care Services</b>	Vouchers	\$91.7 million	0-12 year olds	14,181 children	Parents on TANF or 1 <sup>st</sup> year after
	Low-income contracts	\$172.1 million		32,974 children	Working/training families earning 50% of SMI
	Informal care	\$13.1 million		4,004 children	Parent receiving TANF
	Child Protective (Supportive)	\$48.0 million		4,417 children	Family preservation
	Teen Parents	\$10.1 million		1,018 children	Teens with children
<b>Administration for Children &amp; Families (Federal)</b>	Head Start	\$78.8 million	3 & 4 year olds	11,530 children	Low-income/federal poverty level (about 25% of SMI)
	Early Head Start	\$6.5 million	0-3 year olds	705 children	Same as above
<b>Department of Public Health</b>	Early Intervention	\$28.8 million <sup>7</sup>	0-3 year olds	20,554 <sup>8</sup> children	Disability or at-risk for a disability

<sup>7</sup> Includes funds for both generic Early Intervention services as well as specialty services for children: 1) with Autism/PDD; 2. Who are blind; 3. identified by Newborn Hearing Screening

<sup>8</sup> This represents the unduplicated number of children receiving services

## APPENDIX D

### Community Profiles

The Department of Education began to work with local communities in 1998 to develop a unified system of collecting data on the early care and education system in Massachusetts. The Department modeled the Community Profiles project on Boston EQUIP, a national community-based data project managed by Associated Day Care Services. Community Profiles brings Department of Education staff together with staff from local Community Partnerships for Children (CPC) programs to modify a set of surveys of all early child-hood programs in a community, including center-based, Head Start, family child care, public school and school-age child care programs. A parent survey is also used. The Department of Education then finalizes and prints the surveys and distributes them to local CPC's to administer. Completed surveys are sent to the Department of Education where data is entered and analyzed. State and local staff then meet again to make sense of the data and generate reports that will be useful for planning and reporting at the local and state levels.

#### **Community Profiles Data**

The Community Profiles data used in this report include information from 64 CPC programs, representing over 100 towns and cities across the Commonwealth. The data have been merged for the center and Head Start programs and the family child care surveys, representing 688 centers and Head Starts, 1,095 family child care providers and were collected in the fall of 1998 and early 2000. The data from the public schools, school age programs and parents are from the second phase collected in 2000. These data represent 90 school-age programs, 136 public school preschool and kindergarten programs, and 7,277 parents.

#### **Community Profile Participants**

Out of 168 CPC's (90 percent), 152 (unduplicated) have participated in Community Profiles over the last three years. These represent 88 percent (309) cities and towns in Massachusetts. Eleven CPC programs have participated more than once. Each program must participate once every three years. In FY '99, the pilot year, 32 participated; in FY '00, 42 participated; in FY '01, 89 participated. CPC's whose data have been used in this report are *italicized*.

Acushnet Public Schools (PS)  
Agawam PS  
Amesbury PS  
Amherst PS  
Ashland PS  
Attleboro PS  
*Ashburnham-Westminster Regional  
School District (RSD)*  
*Ayer PS*  
Barnstable PS  
Bellingham PS  
Berkshire Hills RSD (Great Barrington,  
Stockbridge, W. Stockbridge)  
*Boston PS*  
*Bourne PS*  
Brimfield PS  
*Brockton PS*

Brookfield PS  
Brookline PS  
*Cambridge PS*  
Cape Cod Children's Place (Brewster,  
Chatham, Eastham, Orleans,  
Provincetown, Truro, Wellfleet)  
*Center for Family Dev. (Beverly, Danvers)*  
Central Berkshire RSD (Becket,  
Cummington, Dalton, Hinsdale, Peru,  
Washington, Windsor)  
*Chelsea PS*  
*Child Development Programs  
(Gloucester, Rockport)*  
*Child Works Child Care (Holden, Paxton,  
Princeton, Rutland, Sterling)*  
*Clinton PS*  
Citizens for Citizens (Berkley, Freetown,  
Lakeville)  
Community Action (Newburyport)

Community Day Care Center  
*Communities United (Arlington, Belmont, Lexington, Burlington)*  
*Communities United (Needham)*  
*Communities United (Newton, Wellesley)*  
*Communities United (Waltham)*  
*Communities United (Woburn)*  
 Community Teamwork, Inc. (Billerica, Dracut, Tewksbury, Chelmsford, Wilmington)  
*Concord Children's Center (Concord, Carlyle)*  
 Dennis Yarmouth RSD  
 Dudley-Charlton RSD  
 Duxbury PS  
*East Longmeadow PS*  
 Erving PS  
 Everett PS  
 Fairhaven PS  
 Fall River PS  
 Falmouth PS  
 Farmington River RSD (Otis, Sandisfield)  
 Fitchburg PS  
 Framingham PS  
*Frontier RSD (Conway, Deerfield, Sunderland, Whately)*  
*Gateway RSD (Blanford, Chester, Huntington, Middlefield, Montgomery, Russell)*  
 Georgetown PS  
 Gill-Montague RSD  
*Greater Lawrence CAC (Andover, N. Andover)*  
*Greater Lawrence CAC (Lawrence)*  
*Greater Lawrence CAC (Methuen)*  
 Greenfield PS  
 Hadley PS  
 Hamilton-Wenham RSD  
*Hampshire Ed. Coll. (Belchertown, Palmer, Ware)*  
*Hampshire Ed. Coll. (South Hadley)*  
*Hampshire Ed. Coll. (Hatfield)*  
*Hampshire RSD (Chesterfield, Goshen, Westhampton Southampton, Williamsburg)*  
 Harwich PS  
 Haverhill PS  
 Holland PS  
 Holliston PS  
 HCS Head Start (Granby)  
*HCS Head Start (Holyoke)*  
 Hudson PS  
*Infant Toddler Children's Ctr. (Acton, Boxboro, Littleton)*  
 Leominster PS  
 Lowell PS

Ludlow PS  
 Lynn PS  
 Malden PS  
 Marblehead PS  
 Marshfield PS  
 Martha's Vineyard RSD (Chilmark, Edgartown, Gay Head, Oak Bluffs, Tisbury, W. Tisbury)  
 Maynard PS  
 Medfield PS  
 Medford PS  
 Melrose PS (Melrose; Stoneham, Wakefield)  
 Milford PS  
 Mohawk Trail RSD (Ashfield, Buckland, Charlmont, Colrain, Hawley, Heath, Plainfield, Rowe)  
*Montachusett Opportunity Council (MOC) (Athol, Royalston)*  
*MOC (Gardner)*  
*MOC (Quabbin: Barre, Hardwick, Hubbardston, New Braintree, Oakham)*  
 Nantucket PS  
 Narragansett RSD (Philipston, Templeton)  
*Nashoba RSD (Bolton, Lancaster, Stow)*  
 Natick PS  
*New Bedford PS*  
 North Adams PS (Adams, Cheshire, Clarksburg, Florida, Monroe, North Adams, Monroe)  
 North Brookfield PS  
 Northampton PS  
 Norwood PS  
*Old Rochester RSD (Marion, Mattapoisett, Rochester)*  
 Orange PS  
 Oxford PS  
 PACE (Dartmouth)  
 Peabody PS  
 Pentucket RSD W. Newbury, Groveland, Merrimac)  
*Pioneer Valley RSD (Bernardston, Leyden, Northfield, Warwick)*  
 Pittsfield PS  
 Plymouth PS  
 Quabog RSD (Warren, W. Brookfield)  
 QCAP (Braintree)  
 QCAP (Quincy)  
 Revere PS  
 Roudenbush Community Ctr. (Westford)  
 Salem PS  
 Sandwich PS  
 Saugus Family YMCA  
 Self-Help (CDS: Canton, Dedham, Sharon)

Self-Help (HOCKAMOCK: Foxboro,  
Franklin, Mansfield, Norfolk, Norton,  
N. Attleboro)  
Self-Help (SACHEM: Abington, E.  
Bridgewater, Middleboro, Rockland, W.  
Bridgewater)  
Self-Help (SHARE: Avon, Easton, Holbrook;  
Randolph Stoughton)  
Shirley PS  
*Shrewsbury Children's Center*  
Somerville PS  
*SMOC Head Start (Northbridge)*  
South Shore CAC (Carver)  
South Shore CAC (Cohasset, Hanover,  
Hingham, Norwell, Scituate)  
South Shore CAC (Silver Lake: Halifax,  
Kingston, Pembroke, Plympton)  
Southern Berkshire RSD (Alford,  
Egremont, Monterrey, Mt. Washington,  
New Marlboro, Sheffield)  
*Southbridge PS*  
*Spencer Child Care Ctr. (E. Brookfield,*  
*Spencer)*  
*Springfield PS*  
*Sturbridge PS*  
Sudbury PS  
Triton RSD (Newbury, Rowley, Salisbury)  
*Triumph, Inc. (Bridgewater, Raynham,*  
*Taunton)*

Uxbridge PS  
Walpole PS  
*Wales PS*  
*Wareham PS*  
*Watertown PS*  
Wayland PS  
Westfield Head Start (Granville,  
Southwick, Tolland)  
Westfield PS  
Westport PS  
Westwood PS  
*West Springfield PS*  
Weymouth PS  
*Whitman-Hanson RSD*  
Winchendon PS  
*Winchester PS*  
Winthrop PS  
Worcester PS  
*Worcester CAC (Webster)*  
*YMCA of Greater Worcester (Berlin,*  
*Boylston, Leicester, Marlboro, Northboro,*  
*Southboro)*  
*YMCA of Greater Worcester (Auburn,*  
*Blackstone, Douglas, Grafton, Mendon,*  
*Millbury, Millville, Sutton, Upton)*  
YWCA of Central MA (Westborough)

**APPENDIX E**  
***Family Support and Early Care and Education Programs***  
***Administered by the Department of Education***

Following are descriptions of four programs administered by the Department of Education, Early Learning Services: 1) the Massachusetts Family Network; 2) the Parent-Child Home Program; 3) the Community Partnerships for Children Program; and 4) the Full Day Kindergarten Planning and Quality Enhancement grant programs.

***Massachusetts Family Network***

There are 41 Massachusetts Family Network programs serving 162 communities. Each receives between \$58,000 and \$177,000 per year, with the average about \$150,000. The state budget allocated \$6.4 million for MFN for FY 2001 (level funding with FY '00). The six Massachusetts Family Centers (MFC) funded by the Children's Trust Fund (CTF) are in communities also served by MFN. The Department of Education collaborates closely with CTF on technical assistance and monitoring of the MFN and MFC programs. The MFN and MFC programs are the only universal (open to all wanting to participate) family support programs in Massachusetts.

In order to develop a more accurate understanding of the effectiveness of family support programs, the Department of Education is planning a three-year evaluation. The first phase of that evaluation to take place in FY 2001 involves analyzing the cost of establishing, maintaining and expanding family support, with the goal of developing a funding formula that takes community poverty and risk factors into consideration. The planned evaluation activities for FY 2002 and 2003 will include examining case studies of families involved in MFN and comparing different MFN models (for example, a single neighborhood, urban model versus a multi-town rural model) as well as implementing a comprehensive system to collect baseline data for the evaluation.

The Massachusetts Family Network is a universal program open to all families in a community, offering a wide variety of services. The Family Network strives to create collaborative, comprehensive networks of family services that are culturally sensitive, welcoming and accessible to all families with young children. The program emphasizes prevention, builds upon the strengths of families and the existing resources in a community, provides leadership opportunities for families, and provides opportunities to build community and inter-family relationships. The program is designed to provide the comprehensive support to families that is recommended by research. The program is universal but families with greater needs usually receive more intensive services.

Massachusetts Family Networks is available in only 162 communities and so serves only about 4.5 percent of all the children birth to four. Communities that have MFN programs serve an average of 8.3 percent of the children in the eligible age group. Although this sounds modest, it is higher than the five percent that is the average in Minnesota, where it has been a universal program for many years.

Each MFN program offers similar basic services but the focus from program to program may differ based on the needs of the families in that community and with the constellation of services available in the area. MFN activities are free of charge and include child care and transportation to support parents' participation in program activities. The programs provide, or refer to programs that provide, the following resources and services:

- A physical space for activities (e.g., a family center);
- parenting education and child development information to parents and caregivers through workshops, resource libraries and other activities;
- health and developmental screening, often in cooperation with Early Intervention;
- adult education, or referral for adult education, often in cooperation with community colleges or Adult Basic Education programs;
- comprehensive family literacy programs and/or family literacy activities, often in cooperation with local libraries;
- family and community events, often in collaboration with early care and education providers;
- home visiting; (Many MFN's offer on-going home visiting to parents who do not meet the eligibility criteria of other programs, or provide crisis-oriented home visits. Other MFN programs provide one-time, home-based outreach to families, such as "welcome baby" visits designed to connect the parents with resources in the community.)
- support groups for a wide variety of families, including single parents, fathers, new mothers, parents in recovery; these may be either ongoing or time-limited;
- assistance with meeting basic needs (directly or through referral);
- play groups designed to support parents in understanding child development and to build social networks; (Most MFN's also offer integrated play groups in collaboration with Early Intervention programs.)
- leadership opportunities for parents, such as membership on governing and advisory boards, and training in advocacy skills; and
- support for local coalition-building activities designed to strengthen communities, enhance services and avoid duplicating services.

Families that are in crisis or who may not ordinarily be open to seeking out parenting education or child development information are often drawn into joining those activities after being introduced to the program by a town event or some fun parent-child activity such as a playgroup. By addressing parents' needs for activities to do with their young children and for connecting with other families with small children, the staff can draw families into the program in a positive, strength-based way. When the program staff gain the trust of parents, they become more open to enrolling in more educational parenting activities.

One of the most satisfying parts of the program for many families with young children is the opportunity to form relationships with other families with children of the same age. This develops the family's social support network, a vital component in successful child rearing.



### *Parent-Child Home Program*

One subtype of support for low-income or educationally-at-risk families is family literacy support. One model being replicated here, the Parent-Child Home Program (PCHP web site, 2000), is designed to foster verbal interaction between parents and their two- and three-year-old children. The model consists of a twice-weekly home visit over a two-year period. The home visitor introduces high quality books and toys and models verbal interaction, parenting techniques and creative play between parent and child. FY 2001 funding for the Parent-Child Home Program in Massachusetts is \$3 million. Start-up costs per program are about \$80,000 and increase to approximately \$120,000 in the second year. As of December, 2000, there were 42 PCHP programs in Massachusetts. Thirty-nine of them received funding through the Department of Education in FY 2001. Two programs receive a federal Goals 2000 grant to support PCHP and to provide training to other programs. This year the PCHP programs receiving state funds will serve about 1200 families.

Home visitors are trained paraprofessionals and are often parent "graduates" of the program. The program targets families whose income or educational levels may put children at an educational disadvantage. Other points about the program include:

- The books and educational toys used are gifts to the families.
- Some books are picture books so that parents (with low literacy levels) are taught about naming, labeling and pointing to engage in verbal interaction with their child.
- There is no direct teaching; instead, home visitors model behavior and interaction to show that learning can be fun.
- Home visitors are trained in ethical standards and respect for families' privacy and ethnic and cultural heritage.
- Home visits are scheduled at the parents' convenience to allow working parents to participate in the program.

Although the program focuses on literacy, it can have a significant impact on parenting and ongoing verbal interactions in the home. Data documents permanent changes in the relationship between parents and children that may account for the long-term effects. Many participating parents return to school, enter job training or find employment as a result of participating in the program. PCHP is one of several early literacy models. It demonstrates the potential for making powerful changes in people's lives that earn long-term savings by focusing on the relationships between parents and children and the educational achievements of parents and caregivers.

The Parent-Child Home Program has been successful at improving rates of high school graduation. Children from disadvantaged families who participated in the program had a high school graduation rate 20 percent higher than their disadvantaged peers. In fact their rate of graduation was the same as for middle-class students. This is an accomplishment that continues to benefit these children's children, breaking a cycle of disadvantage.

### ***Community Partnerships for Children***

Massachusetts' state-funded prekindergarten program, Community Partnerships for Children (CPC) is one of ten programs that account for three-quarters of the total funding nationally (Shulman, Blank and Ewen, 1999), \$104 million in FY '01. It is considered to be an innovative model nationally and has been selected for study by a number of different organizations (National Governor's Association; Center for Law and Social Policy, Children's Defense Fund; Center for the Child Care Workforce; Schott Foundation; National Center for Children in Poverty). The program served 20,780 children in FY '00 and is largely responsible for Massachusetts being first in the nation in the number of accredited centers.

The overall goal of the program is to make high quality preschool programs available and affordable for all working families. Statewide policies are outlined in *A Guide to Community Partnerships for Children* (January, 2000). The program provides a basic structure and five objectives for communities and groups of communities to achieve. A community partnership council conducts a needs assessment, develops a plan to expand and improve existing programs and develops policies for the local program. A lead agency, which can be the public schools, a Head Start program or a licensed child care center, manages the fiscal aspects of the program and is responsible for monitoring implementation. The overall design of the program, with a focus on local decision-making, is intended to put Bronfenbrenner's ecological model into practice. The objectives of the program are:

- Improve affordability and accessibility of early care and education by subsidizing children of working families earning less than 125% of the state median income and enlisting as many programs in the community as possible, including public school preschools, Head Start, private child care centers and family child care.
- Improve collaboration among programs and services for young children and their families.
- Provide comprehensive services appropriate to the population and community being served, such as health and mental health services, family education and support, and family literacy programs.
- Improve the quality of early education and care programs. All participating center-based programs must seek accreditation through the National Association for the Education of Young Children (NAEYC); all participating family child care providers must have at least an associate's degree in early childhood education, seek the Child Development Associate (CDA) credential or the National Association of Family Child Care accreditation. In addition, funds may be used for professional development, and capital improvements that allow programs to build capacity and improve their facilities; and
- Conduct outreach to hard-to-reach families so that all eligible families may have an opportunity to participate. Outreach can include translation of materials for families whose primary language is not English.

### *Full Day Kindergarten*

As of October 1, 1999, there were 24,348 five- and six-year-old children in public full-day kindergarten classrooms in Massachusetts and 41,746 children in half-day classrooms. This was just prior to the implementation of the first grants initiated by the Legislature and Governor in FY 2000 to increase the number and quality of full-day kindergarten programs. The purpose of these grants is to ensure that schools have the funds, staffing, class size, curriculum, classroom supplies and professional development to create the high quality early education that has been successful in improving child outcomes.

The number of cities and towns offering at least one full-day classroom increased from 33 in FY '94 to 105 in FY '99 to 133 in FY 2000 (out of 351) prior to the kindergarten grants. The first set of grants funded were for planning the opening of 174 new full day classrooms by September, 2000, and improved the quality of the 1171 already-existing full day classrooms. In FY 2001, a total of 1469 full day classrooms were funded under the quality-enhancement grant. The districts not only added the 174 classrooms for which they received planning grants, but also opened an additional 124 full-day classrooms by virtue of the popularity, additional funds and attention given to the project. Planning grants were awarded to open an additional 203 classrooms in 56 districts as of September, 2002 (although seven districts are contingent on approval by their school committee, municipal government and/or an override). An additional 28 districts received small grants to investigate the feasibility of opening full day classrooms sometime in the next five years.

*Appendix F*  
**FY 2000 Possible Tax Credits and Benefits for Families**

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**Federal: Child and Dependent Care Tax Credit:**     ***Families at all income levels may be eligible***

- If you paid for care for your dependent child under age 13, disabled dependent, or disabled spouse so you could work or look for work.
- The maximum credit for one dependent is \$720 (for \$2,400 or more spent) and for multiple dependents is \$1,440 (for \$4,800 or more spent).

**DCAP Participants** - Credit is reduced or eliminated by contributions from salary to employer's dependent care assistance plan.

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**Federal: Earned Income Tax Credit (EITC)**     ***Does not require children to be eligible***

- Workers aged 25 to 65 who earned less than \$10,380 and have no qualifying children may be eligible for a maximum credit of \$353.
- Workers with one qualifying child who earned less than \$27,413 may be eligible for a credit of up to \$2,353.
- Workers with two or more qualifying children who earned less than \$31,152 may be eligible for a credit of up to \$3,888.

**Note** - Investment income is a part of earned income and cannot exceed \$2,400; filing status cannot be married filing a separate return.

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**Federal: Child Tax Credit**     ***Applies to a wide range of incomes***

For each qualifying child under age 17, you may be able to subtract \$500 per child from your taxes. The credit is reduced or eliminated for:

- Married filing jointly with adjusted gross income over \$110,000.
  - Single or head of household with adjusted gross income over \$75,000.
  - Married filing a separate return with adjusted gross income over \$55,000.
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**Federal: Employment Taxes for Household Employers**      **When a nanny or child care provider is your employee.**

IRS publications for families who employ someone to deliver child care services in their child's home and are required to pay employer taxes. See #926 *Employment Taxes for Household Employers / Schedule H*.

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**Massachusetts: Dependent Deduction**

**Families at all income levels may be eligible**

- Workers may be eligible if they paid for care for one or more children under age thirteen; includes children born in 2000.
- The maximum deduction for any number of children is a total of \$2,400.

**DCAP Participants** - Amount of deduction is **not** reduced by contributions from salary to employer's dependent care assistance plan.

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**Massachusetts: Limited Income Tax Credit**

**Does not require children to be eligible**

- Single individual with an adjusted gross income between \$8,000 and \$14,000 may be eligible.
- Head of household with an adjusted gross income between \$14,400 and \$25,200 plus \$1,750 per dependent may be eligible.
- Married and filing jointly with an adjusted gross income between \$16,400 and \$28,700 plus \$1,750 per dependent may be eligible.

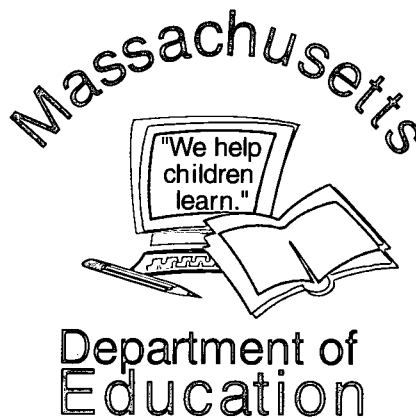
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**Contact information** to obtain appropriate tax forms and receive help completing tax forms:

**Federal IRS:** Call (800) TAX-1040 for information; (800) 829-3676 for forms; Fax (703) 368-9694 for forms; web site: [www.irs.gov](http://www.irs.gov)

**Massachusetts Department of Revenue:** Call (800) 392-6089 for information; web site [www.massdor.com](http://www.massdor.com)

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